

PHILADELPHIA MEDICAL TIMES.

CONTENTS

MEDICAL CLINIC:

On the All-powerful Creative Power of Living Cells, and the Influence of So-called "Culture" Liquids. By Professor Peter..... 285

CLINICAL LECTURE:

On Reflex Irritations from Ametropia. By Peter D. Keyser, M.D..... 290

ORIGINAL ARTICLES:

The Treatment of Typhoid Fever in the Cincinnati Hospitals..... 292

A New Canula for Operations in Tracheotomy. By H. N. Wadsworth, D.D.S., Washington, D. C..... 296

Saloi in the Treatment of Cystitis. By E. L. Vansant, M.D..... 297

Static Electricity. By H. Montague..... 298

TRANSLATIONS:

Bromide of Gold in Epilepsy. Goubert..... 299

The Hour of Death at Salpetriere and at Bicetre. Pire..... 299

Poisoning by Coffee. Glogauer..... 299

Cresylol. Menard..... 299

Microbicides in Phthisis. Lagrave..... 300

A Hint in Vesical Lavage. Verchere..... 300

Lemon-Juice for Epistaxis. Ruchon..... 300

Ataxy. Gernell..... 300

HOSPITAL NOTES:

INFIRMARY FOR NERVOUS DISEASES:

Epilepsy. Mitchell..... 301

Treatment of Idiopathic Epilepsy. Mitchell..... 301

JEFFERSON HOSPITAL:

Insomnia from Gastric Irritation. Bartholow..... 301

Suspected Renal Calculi. Bartholow..... 302

CHILDREN'S HOSPITAL:

Mitral Disease in Childhood. Lewis..... 302

Whooping Cough. Lewis..... 302

Fracture of the Clavicle. Wharton..... 302

UNIVERSITY HOSPITAL:

Dysmenorrhoea. Goodell..... 303

Menorrhagia. Goodell..... 303

Pregnancy. Goodell..... 303

Massage Breaks Down Ankylosis. Agnew..... 303

Phagedenic Ulceration of a Stump. Agnew..... 304

PENNSYLVANIA HOSPITAL:

Should You Trephine in Supposed Depressed Fracture of the Skull? Morton..... 304

UNIVERSITY HOSPITAL:

Chronic Meningitis from Sunstroke. Pepper..... 304

GERMAN HOSPITAL:

Fracture of Patella. Deaver..... 304

Femoral Aneurism. Deaver..... 304

Cancer of the Right Cheek. Deaver..... 305

Acute Nephritis. Bruen..... 305

MEDICO-CHIRURGICAL COLLEGE:

Tonic in Typhoid. Woodbury..... 305

Spermatorrhoea. Woodbury..... 305

Operating for Cataract. Keyser..... 305

Scrofulous Diathesis. Atkinson..... 305

Bronchial Hemorrhage. Waugh..... 305

Cataract in Bright's Disease. Keyser..... 306

Morning Sickness. Stewart..... 306

Pneumonia. Waugh..... 306

Ointment for Scrofulous Glands. Atkinson..... 306

How to Treat Children's Diseases. Atkinson..... 306

Caffeine in a Cup of Coffee. Woodbury..... 306

Amputation of Penis. Gurrelson..... 306

Ablation of Superior Maxilla. Gurrelson..... 306

Cancerum Oris. Atkinson..... 306

EDITORIAL:

Germicides in Typhoid Fever..... 307

ANNOTATIONS:

Physicians' Accounts..... 309

University Changes..... 309

Heartless Indifference..... 310

The Inspection of Milk..... 310

Calcium Sulphide in Croup..... 311

Hysteria?..... 311

LONDON LETTER:

Pyrodin..... 311

Bacteriology of Cholera..... 312

A Cause of Speedy Death in Heart Disease..... 312

Traumatic Epilepsy..... 312

Venereal Disease in the Navy..... 313

Ante Aural Eczema..... 313

Cremation and Cannibalism..... 313

One Consequence of the Salt Trust..... 314

The Hospital Deficits..... 314

The British Medical Association and its Journal..... 314

Rhubarb..... 315

SOCIETY NOTES:

Obstetrical Society of Philadelphia..... 316

Carcinoma of the Corpus Uteri. Kelly..... 316

Ovarian Sarcomas. Kelly..... 316

Ovarian Sarcoma. Ashton..... 317

Ovarian Cyst. Stewart..... 317

Congenital Deformity. Sutton..... 317

A New Method of Diagnosis in Obscure Cases of Enterovescical Fistula. Noble..... 318

Lack of Development of the Fingers and Toes in a Child Delivered at Term. Wilson..... 318

Annular Hymen. Da Costa..... 319

Pelvic Hematocele. Hirst..... 319

LETTERS TO THE EDITOR:

Treatment Wanted..... 320

Where to Send Rheumatic Cases..... 320

The Opium Habit..... 320

A Question of Custom..... 321

Vesical Calculus..... 321

REVIEWS AND BOOK NOTICES:

Studies in Pathological Anatomy. By Francis Delafield, M.D..... 322

Medical Jurisprudence and Toxicology. By John J. Reese, M.D..... 322

The Pathology, Diagnosis and Treatment of the Diseases of Women. By Graily Hewitt, M.D..... 322

Dose and Price Labels. By C. L. Lochman..... 323

Chemical Lecture Notes. Peter T. Austen, Ph.D. F.C.S., etc..... 323

The Physician's Hand-Book for 1889..... 323

Pamphlets..... 323

ABSTRACTS:

The New Building of the Medico-Chirurgical and Philadelphia Dental Colleges..... 325

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VOL. XIX

MEDICAL CLINIC.

ON THE ALL-POWERFUL CREATIVE POWER OF LIVING CELLS, AND THE INFLUENCE OF SO CALLED "CULTURE" LIQUIDS.

DELIVERED BY PROFESSOR PETER,

At the Necker Hospital, Paris.

(From stenographic notes corrected by the lecturer.)

(Translated by Thomas Linn, M.D., Paris.)

GENTLEMEN:—I desire to expose to you certain points of doctrine, which are a negation of the present

theories in regard to microbes. In the first place I wish to call your attention to the power of vitality of the living cells, which as I shall show you is manifested in an independent manner, as well as in a collective one. It results from Metschnikoff's experiments that a cell can live apart from the organism of which it had formed a portion. He took from a living frog a drop of lymph which contained a certain number of lymphatic cells and put it into cultures containing microbes, and he saw that the cells continued to live; and not only so, but they per-

formed a vital act by eating these microbes. He saw the latter pass into the protoplasm of the cells and disappear. So that they not only lived, but ate, outside the organism to which they belonged. They have then an independent vitality.

Ranvier also saw cells which lived outside of the organism for various periods, and so well, too, that they performed an act of genesis; for from ten they increased to twenty or more. Metschnikoff shows that the cells can live independently, and Ranvier that they can while in this state perform the supreme act of life, reproduction. The collective power of the cells is also shown by many observers, who noticed that when the cells are in a vigorous organism, they will resist the invasion of disease; and when they are in a debilitated body they are vanquished by the virus, be it microbe or alkaloid.

What I wish to bring out is, that while the cells are capable of acting in an independent manner, as well as in a collective one, they cannot get along without the actual and general vitality of the organism to which they belong. This is shown by Metschnikoff. He remarked that if one inoculated a virus into an organism which had previously been vaccinated with charbon, the bacteria of the charbon were imprisoned by the lymphatic cells, and they could not infect the organism.

I would like now to show you the creative power of the cells. There is a plant that you all know well, the *Papaver Somniferum*; and it gives a seed. Well, this seed is so inoffensive that an oil is made of it that most of us eat as "olive oil;" but we do not sleep a bit more for that. Take these seeds and put them under ground and they produce a plant that gives a flower and then a fruit, the pavot (papaver), and in the capsule of this fruit there is a sap, that, when inspissated, is opium; which contains a dozen alkaloids, morphine, codeine, narcotine, etc., etc. This is strange. What! This little grain of seed that certainly does not contain all these alkaloids and has no narcotic power—it does this. But how? Analyze the ground and you will find salts of potash, and what not; but no morphine, etc. How then is it made? Take

another seed, the cinchona; it has no quinine in it, nor any cinchonina, and yet put it in the same ground and it produces them. Continue your experiments and do as is done in Havana, put tobacco and cocoa in the same field, one gives nicotine and the other theobromine. Put coffee seed, and you get caffeine, and sugar-cane seed and you get sugar, and none of these are contained in the earth. If you don't see by this demonstration the all-powerful creative power of living vegetable cells then you are blind, or blinded.

So it cannot be denied that certain plants create, make, beget, of themselves, from ground that does not contain it, certain principles. Cells then are creators of marvellous things that did not pre-exist.

Well, you can now understand that, if the vegetable cells do this, the muscular cells can do the same. What M. Gautier, your professor of chemistry, calls *leucomaines* are nothing but toxic alkaloids like codéine, narcotine, etc., and they do not exist in the muscle itself any more than the others exist in the seed. So then the cells can live outside of the body and they can create something that did not exist before. There is something very significant in this. Let us now see what the mediums, in which the cells or their products may be placed in, are like, and here I will take "culture liquids."

Toussaint, who was the first to make cultures of microbes, made them in urine, that is to say a medium coming from a living being, containing substances that no longer had vitality, but that were of an organized origin. M. Pasteur, finding that urine was variable, did better in this, and invented a veal broth which he sterilized. What is this veal soup? It is simply water in which veal muscle has been boiled, that is, flesh that has ceased to live; you have then a soup that is a decoction of a dead substance. This is important. In this Pasteur put a drop of liquid that contained the charbon (animal anthrax) and made his first culture, and one drop of this culture was extremely virulent. He then went on until he had made two, three, four, and so on until he obtained a culture that inoculated, but was no longer virulent. Stop a moment here,

and look at this almost mysterious phenomenon.

The first culture was extremely virulent, and it contained a great many bacteridies; and as culture after culture is made it becomes less and less so, and at last is not dangerous. All Pasteur's doctrines repose on this: If a drop of this last is inoculated one can go on and inoculate the stronger and stronger preparations until one gets to the strongest, or the one first made. And how is this action obtained? Why, most likely there is still something in the last one, and it is an alkaloid, which permits the inoculation progressively of the others. It is an alkaloid so little impregnated with the bodies of the micro-organism that it cannot do harm, and yet it gives to the organism an immunity of a certain degree. This is curious.

According to this there is a progressive diminution of the virulence of these microbes, and that little that is left has no *motu proprio* in itself. If it had, it would have done the contrary. This is like the nonsense talked by the microbists. The animal cells make alkaloids. Gautier has shown this, and under the conditions which we call disease, which is simply a deviation of the functions of life, the cells of our organism manufacture alkaloids or derivatives of them, just as apo-morphine is derived from ordinary morphine. Why should not the animal cells do this the same as the vegetable? You may say that it is only a hypothesis. No, it is a fact, and it is proved by Pasteur himself. Does he not take a drop of liquid from a mad dog and inoculate it into a rabbit, and by so doing give hydrophobia to the animal? And God knows how they have sought by every means to find a microbe to fit into this disease, but failed to do so, although hydrophobia exists.

Pasteur, dominated by a humanitarian idea, wished to find for hydrophobia a vaccine matter, as he thought he had for charbon; but finding he could not cultivate this unfound microbe, he starts a new idea of cultivating it in living organisms, instead of dead soups. He found that the virus became attenuated in passing from the monkey to man, which is easy to understand, as man is

not predestined to rabies, as the dog is.

He then takes the poor rabbit (which, as Linné said, is predestined to laboratory experiments), and in it he cultivates the virus, to find that it acquires a greater virulence.

Then he had a "virus intensive," inspired by Duboué (of Pau). He sought in the medulla for the microbe, but still neither here nor in his intensive liquids can he find a micro-organism. Then to attenuate this powerful virus he takes the fresh marrows and dries them, until they are no longer virulent, and when they are quite dry they no longer are dangerous.

So it must be that the liquid contains something that passed off into the air.

But as far as I know I never heard that the microbes were volatile. I thought they were solid bodies? No.

It is even proved by his own experiments.

Pasteur demonstrates that it is not a microbe that gives hydrophobia, but a substance that is dissolved in the liquid, which is partly, at least, volatile.

What is it if it is not an alkaloid?

I say that it is not a microbe, as they cannot find it, and it is certainly an alkaloid. It is the living animal cell, that under certain conditions modifies the liquid of the disease, and deposits in it an alkaloid that produces rabies.

This is so true that Pasteur himself made this experiment: He takes a dried marrow, exposes it for two days to 35° of heat; he prepares it and injects it, and nothing comes of it. He next takes a fresh marrow, after several months have past, and injects it into the same animal, and it also does no harm, although it kills at once another animal that has not been inoculated by the first marrow. So that there must have been in the dried medulla something that could be used as vaccine; that is to say, "chemical vaccine," or an alkaloid. There remained a certain infinitesimal, imponderable, invisible, and intangible matter that impregnated the medullary cells, and that could infect the organism in an inoffensive manner that caused a preservative vaccination, that lasted a certain number of

days or months. You notice that I am turning always around the fact that the living organism can create an alkaloid, which causes accidents, that may be poisonous or not, but which did not pre-exist in the human body any more than morphine exists in opium seed.

And now comes M. Gamaléia, who has done the same thing as M. Pasteur—he cultivates on guinea pigs first, and then pigeons, and obtains a culture that is virulent (of cholera).

Here, again, you see that the comma bacillus *loses* on dead soup culture, but it *gains* on living animals, which simply proves for me that the human or animal organism is all-powerful in creating and modifying.

Gamaléia then again does as M. Pasteur does. He sterilizes his liquids at a temperature of 145° to kill the so-called bacillis, and takes the liquid, in which float their cadavers, inoculates it and kills his animals. So that he says there must be an alkaloid in this liquid, that is similar to the chemical vaccine of hydrophobia. Then he makes an experiment that we see every day in many forms; that is, he gets the body by habit to tolerate this liquid, by giving increasing doses, which makes him say that he has found the vaccine for cholera.

Well, I hope so.

Lowenthal, of Lausanne, made just such experiments before Gamaléia. He experimented on white mice, but with scientific sincerity. He says: "But if at first they resisted, at the end of two weeks they died of the inoculation." So that is all that remains of the immunity to cholera.

Gentlemen, I discuss these points without the slightest anger, but with absolute scientific truth. I have shown you the all-powerful influence of the organism, the creation by it of poisonous alkaloids, and I admit, also, the real immunity conferred upon us by small doses of these alkaloids; but it is fugitive, and, it is absolutely mysterious, as an alkaloid cannot reproduce itself, as it has no life. It seems to me that we ourselves make cholera, according to that grand law of morbid series, which go on from the most simple manifestation up to serious and fatal symptoms.

Suppose, for instance, that owing to some error in diet we get a "cholérine," that is to say, frequent stools, and vomiting, with cold extremities, filiform pulse, etc.

Take, for instance, *cholera nostras*. A person has lived badly for some time; has eaten some pork or other substance that is putrefied (deer, hare, etc.), or some very indigestible substance that has profoundly altered his functions, and he has still more serious symptoms than those of cholérine; but he gets better, while another may die of it, even if it is in summer and in our mild climate. We say it was only a case of fatal *cholera nostras*; but if there are ten or twenty cases, you say it is "Indian cholera."

Now, in India itself the thing is the same. The population is badly fed; they are crowded; miserable, in fact; and they have a cholera that is transmissible. What are the symptoms? They are confined to the solar plexus. You have vomiting, diarrhœa, coldness of the extremities, and death.

Gentlemen, there are here without question symptoms of absorption of poisonous alkaloids, that are produced by decaying matter; the ptomaines, in fact, which are absorbed by the intestinal villusities; which go to poison the solar plexus, and determine those phenomena of consideration that are seen every time it is affected. It is probable that the liquid that the microbists take to experiment upon, contains a poisonous alkaloid besides their comma bacillus, which last I don't fear at all, as it can certainly be deprived of any power it has to do harm; and Straus has shown that there is plenty of cholera without the slightest sign of a bacillus.

Gentlemen: Allow me now to take up another series of ideas in which you will find, I trust, some profit. All I have said so far goes to prove that it is a *macrobe* and not a *microbe* that has the power for evil over the organism. Let me tell you of the creation of pus without any aid from a streptococcus.

M. Le Fort has already made a series of experiments from 1879, up to the present, and proves that the famous "*Streptococcus pyogenes aureus*," the worst of them all, that makes the pus, according to some people,

has been seen to lie on the surface of wounds without making any attempt to enter the organism, when it had every chance to do so. It is a streptococcus that is very idle, to say the least of it. Well, alongside of this lazy streptococcus we shall see another one soon that does *everything*. A jack-of-all trades. So Professor Le Fort first shows you one that *does nothing*!

To show now that pus can be formed *spontaneously*, which is the reverse of the microbial doctrines, I will study with you *Sympathetic Ophthalmia*. What is this disease? It is an inflammation, with functional trouble of the eye, that is consecutive to a wound of the other eye. A bit of glass, or iron, or a fist even, strikes one eye and causes an inflammation which goes on to suppuration. This is readily explained by the microbist, who finds that the foreign body in passing through the air carried with it the streptococcus, which was the thief that opened the window and the burglar got in; but several days afterwards the *other eye* that was not touched gets into trouble, vision is no longer good, the transparent mediums are troubled, and there is photophobia, and any one will tell you that it is "*sympathetic ophthalmia*;" but it may and often does go on to worse, and iritis produced *in the eye that was not struck, and soon after pus is produced*. How did the streptococcus get in?

It is just here that the microbiologists have gone stark mad. In the last Congress of Ophthalmology, which was held at Heidelberg, the microbe reigned as a tyrant, and several oculists spoke on this disease, which seems to bother them a great deal. One of them wanted to prove first that suppuration of an eye could be caused by a drop of mercury, or a little powdered copper, without any microbe; another that the streptococcus goes in one eye, follows the path of the optic nerve and passes over to the other side by a very devious route that you know. But why, I ask, if this is so, did not the streptococcus follow a straight road and go on in its migration until it had caused a suppuration of the brain? No, it preferred going a long way round to get to the other eye.

Sattler, however, not finding the streptococcus in this eye, then admits that it is another kind of a microbe, that does the damage! It is hardly to be believed! It's insanity. But if we simply put aside this nonsense about microbes, we can see that there is a sympathetic neurosis of the other eye. The functional synergy makes a morbid synergy which is simply and only a deviated synergy.

Just listen now to the confession of a microbial, Mazzo Andrea (of Genoa). He says: "I made a long series of experiments with the streptococcus pyogenes aureus, to see how this micro-organism passed from one eye to the other, but all my researches were *negative*." In a recent academy discussion it was stated that this same streptococcus caused all the forms of puerperal infection, erysipelas, and septicæmia as well; which makes me exclaim that it was a streptococcus that did all sorts of things, different from the lazy one we spoke of lately.

Gentlemen: The cultures of soup and gelatine are passive laboratories; they act mechanically, not actively; they dilute the alkaloid with which the microbes are impregnated, and they produce a dilution of the substance, an attenuation of the alkaloids. But the living organism interferes in a different way, and can (when it wishes) prevent the agents of contamination from doing their dire work. How? Well, don't you find Straus, with his experiments, to prove this? "We absorb," he says, "some six hundred bacteria in every inspiration, and we only expire one hundred, and only become ill after having absorbed 1,728,000 in 24 hours." So then the organism has resisted. It does not wish to get ill. It is the power of our organism that defeats the diseases, that accepts or refuses the morbid germs according to its strength or weakness, or to what we used to call *predisposition*.

I tried once, you know, to inoculate myself with diphtheria, and did not succeed. I was only twenty-seven then, and I won't try it now, for I am old. I saw Gillette die of diphtheria contracted from a patient whom we were both taking care of; but I was young and he was sixty-two, and weak, having to

work hard at his age; then he had a sore throat, and all disposed him to contract the disease. He died, and I, who had to handle the child, and be quite close to it, for I did tracheotomy for it, was as well as ever, simply because there was no predisposition. If a doctor escapes from contagious diseases it is because he can resist them. Spontaneousness of vitality makes disease—which is a deviation of life's actions—and these diseases become contagious from certain conditions that may be intrinsic or extrinsic; but they are contagious from one organism to another, from the fact that the other cannot resist as it should. This is what was known as predisposition, or receptivity, which is spontaneous.

CLINICAL LECTURE.

ON REFLEX IRRITATIONS FROM AMETROPIA.

BY PETER D. KEYSER, M.D.,

Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia.

Reported by H. B. Williams, M.D.

GENTLEMEN, I have a very interesting series of cases to present to you to-day, some that but for the great advancement in the study of ophthalmology in later years would have been stumbling blocks, and which show the necessity of finding, if possible, the cause of any affection, however obscure or remote, and removing it, before a reliable and permanent cure can be obtained. Some years ago such cases as these would have tried the patience of Job, and caused many a one to rub his head and say "what next shall I try?" They will show you that careful examinations should be made not only at the part or point which appears to be the seat of the trouble, but to look into the general anatomy of the nervous system before commencing the treatment, so that when you begin you will be like Davy Crockett,—“Know that you are right, then go ahead.”

It is seldom that we find one part of the system affected in which there are not others that are sympathetically influenced by the morbid action; and it is well known that the symptoms or seat of pain are often at a remote part.

The question of reflex irritation is a very interesting one, especially so in affections of the eye.

For many years it has been noticed that amblyopia can be the result of reflex irritation from neighboring nerves to the eye as well as from disease of other parts and organs of the body; but the remote and neighboring effects of defects in refraction are points or studies in ophthalmology which have really occupied the attention of the profession for only a few years, and in that short time it is really wonderful what curious physiological phases have been developed, and which show completely the minute connection of the many parts of the human system into one great and perfect whole; so that if any one part be strained or irritated it may affect neighboring or remote parts in several ways, either by congestion, inflammation, spasmodic action, or simply by pain or by paralysis.

Defects of vision have been noticed and under consideration for many years; but the supposition that certain inflammatory diseases of the eye, neuralgic affections, headaches, sick stomach, pain in the back and other parts of the body, as well as nervous troubles, as choreic and other spasmodic symptoms, had their origin from these defects, is of very recent date.

In 1874 my attention was first attracted to the fact of eye strain causing inflammation, in a case of blepharitis which I was treating in the ordinary established method. The patient was better when he did not use his eyes and worse when he did. Looking for the cause, and having noticed in other cases that hyperæmia of the conjunctiva occurred after use of the eyes for any length of time at steady work, and as it had been suggested that this condition might arise from some anomaly in the refractive condition of the eye, I made a careful examination of my case of blepharitis, and found a high degree of hypermetropia. On the correction of the defect with the proper glasses, the cure of the inflammation of the edges of the lid readily took place.

That ametropia of any kind or form causes in all acts of vision a strain more or less upon the eye is a well known fact; and in cases where the strain is so

great as to create a continued hyperæmia of the edges of the lids, the extremely fine ducts and external openings of the small, sebaceous glands that are to be found in the canals and follicles of the ciliæ, become closed by pressure from the swelling of the tissue and vessels surrounding them, and having no outlet for the natural secretions, which are now increased by the hyperæmic condition, a choked status is formed, and inflammation and suppuration take place. Rest of the eyes, with proper local treatment, removes in time the suppuration and inflammatory condition, and apparently the whole disease is cured. But on resuming active use of the eyes again the same condition of hyperæmia returns, and so on *ad infinitum*.

You will find some cases of granular conjunctivitis in young persons, in which no form of treatment gives a permanent cure until the existing ametropia is corrected to relieve the ocular strain.

The affections in which defects in vision are to be looked for, and all such patients should be carefully examined, are blepharitis, conjunctivitis, in the different chronic or recurrent forms; pterygium, hordeolum, headache when occurring on use of the eyes at close work; also, any peculiar nervousness or numbness in parts of the body during the use of the accommodation; chorea in young school children, as it has lately been discovered that this disease has been created or increased by strain in accommodation; any cases of pain or distress in the eyes, head, back or limbs coming on after reading or sewing, should call your attention to the eyes of the patient, and a careful examination be made for any defects in refraction.

The defects found are hypermetropia, representing the flat eyeball in which the focus is behind the retina; myopia, which represents the elongated ball in which the focus is in front of the retina; astigmatism, which represents an irregularity in the radii of the cornea so that one or more may be flatter or more prominent than the others, thus causing a shortening or elongating of the ray of light passing through at that axis. These all can be combined in an eye,

giving us hypermetropic astigmatism, compound hypermetropic astigmatism, myopic astigmatism, compound myopic astigmatism, and mixed astigmatism—in which we find a short axis in one direction and an elongated axis in another direction in the same eye. We can find also anisometropia, which represents a flat ball in one eye and an elongated one, either in whole or part, in the other in the same person. Again, we have muscular asthenopia, which interferes with accommodation and fixation.

The first case I show you is one of well marked blepharitis marginalis. This boy is 12 years old, and his mother says that he has had sore eyes for six or seven years. She has had him to different hospitals, but without any permanent relief. The more he studies the worse his eyes get. When he first came to my dispensary clinic the lids were in a dreadful condition. The edges were swollen, inflamed, and excoriated. The examination with the ophthalmoscope showed at once a defect in refraction. There was hypermetropia and astigmatism. His vision was tested as follows:

R. E. $\frac{2}{3}$ 1.90° A. $\frac{0.6}{10.6}$.

L. E. $\frac{2}{3}$ 1.90° A. $\frac{1.0}{13.8}$.

No insufficiency of either internal rectus muscle. The accommodation in each eye was paralyzed and the vision then found to be:

R. E. $\frac{2}{3}$ 1.180 + 1^D + 0.75 c. 90° v. $\frac{2}{3}$ l. e.

L. E. $\frac{2}{3}$ 1.180 + 1^D + 0.75 c. 90° v. $\frac{2}{3}$ l. e.

He has now been wearing his glasses ten or twelve days and the eyes are very much improved, and if they keep on at this rate will be well in another week.

This little girl has suffered in the same way and the same defect found and corrected. You will see that there is but little inflammation left.

They both say that they can read and study without any trouble now.

I now show you a case of recurrent phlyctenular conjunctivitis in this girl of ten years of age. Her eyes always became sore on going to school, and appeared to get well when at home, doing no studying or close work. Ophthalmoscopic examination shows hypermetropia, and the test of her vision:

R. E., $\frac{2}{3}$? l. e.

L. E., $\frac{2}{3}$? l. e.

Under atropia :

R. E., $\frac{6}{18}$ + 1.25— $\frac{6}{18}$ l. e.

L. E., $\frac{6}{18}$ + 1.25— $\frac{6}{18}$ l. e.

Since wearing the glasses she goes regularly to school without any return of the conjunctivitis.

These three other cases, one of them with spasmodic nipping of the lids, have come here with the complaint of headache on the use of the eyes. In one, simple hypermetropic astigmatism was found; in another compound hypermetropic astigmatism, and in the one with the clonic spasm of the lids there was mixed astigmatism. The correction of the defects in refraction have been made, and you hear that they say the headaches are all gone. The spasms of the lids now come on only at times of great excitement.

This last one is a case of conjunctivitis granulosa that has been giving this young man trouble for some years. Nothing seems to cure him. Upon questioning him, I find his trade is that of a machinist, requiring sharp vision, I immediately examined his eyes and found compound hypermetropic astigmatism of

+ 1.5 \bigcirc + 0.5 cyl. 60°, R. E.

+ 1.5 \bigcirc + 0.75 cyl. 120°, L. E.

Since the correction, his eyes have been improving steadily under the use of the mitigated stick, alternating with hydrastis muriae gr. iij to dr. j of glycerine. He says that they have not been so well for years, and that he works with ease and no increase of the lid trouble.

After showing you these cases before us, I desire to call your attention to the history of three very interesting cases which came under my care a few years ago.

A gentleman called in to see me, and related the fact that for some time he had been suffering with a peculiar, unpleasant numb feeling in the third finger of his left hand, extending up the hand, and at times the arm. He would rub it and shake it, and get up and walk around the room, and it would pass away. He had, however, just discovered, within the past few days, that this feeling came on only when he sat down to read or write steadily and closely. He wished me to examine his eyes, which I did, and found compound hy-

permetropic astigmatism of marked degree. After the correction was made, he had no further trouble.

Another case was of a gentleman who, on sitting down to read, always crossed one leg over the other, and as soon as he became interested, the foot of the upper leg would begin a spasmodic jerking, which would desist as soon as he stopped reading. Hypermetropic astigmatism was his defect, on correction of which all nervous spasmodic action ceased.

The other case was of a sharp pain in the back, in the lumbar region, that came on by any close and steady use of the accommodation. Having noticed this, my attention was called to it and advice sought. Upon careful examination, a mixed astigmatism was found and corrected, which relieved the trouble almost at once.

With these facts before you, gentlemen, let me impress upon you again the necessity of examining carefully and not letting any of these symptoms pass by unheeded, and continue to use remedies internally and externally without relief, until your patients leave you and seek other and perhaps better advice.

ORIGINAL ARTICLES.

THE TREATMENT OF TYPHOID FEVER IN THE CINCINNATI HOSPITALS.

DR. F. FORCHEIMER, of the Cincinnati, Good Samaritan and Children's Hospitals, is a great advocate of the administration of calomel; five grains, if seen before the sixth day, every evening or twice daily until fifteen or twenty grains are given. He believes in the possibility of aborting typhoid fever with calomel, and thinks he has done this six times, though the trouble is he cannot absolutely prove it. He follows this up with a rather full dose of antipyrine, because it lessens pain and seems to have a rather antiseptic effect. He gives acid muriatic dil., gtt. iij, and quiniæ sulph., gr. ij, remedies which modify by their tonic action and promote the secretion of the gastric juice. To children he gives a drop of the dilute nitro-muriatic acid every

hour. When the temperature rises to 103 degrees, he gives baths, beginning with water at the normal temperature of the body and cooling to 70 degrees. The patient remains in the bath for fifteen minutes, and is then put to bed. This brings the patient's temperature in about one hour to the neighborhood of 101 degrees, and he is refreshed and sleeping. This is repeated when the temperature again rises, so that, if necessary, ten or twelve baths are given in twenty-four hours. Heart stimulants are given from the outset, and increased if necessary. Cough is counteracted by morphia. For cephalalgia, pain in the back, delirium or carphologia, morphia and bromide of potassium, antipyrine and acetanilid. For nausea and vomiting, carbolic acid in milk. For intestinal hemorrhage, gallic acid and morphia, transfusion of salt water. Pain in abdomen, external application of ice; internally, morphia. Diarrhoea, quinine tannas or tannic acid. The patients are not allowed to leave their beds, having bed-pans and urinals furnished them. It is of great importance to have two beds, one for the day and one for the night. The patient should have the largest, lightest and airiest room in the house. The diet should be absolutely fluid. No bread or toast is allowed. He has seen hemorrhages occur from the use of bread. When kept on fluid food, the patient will complain bitterly of having nothing to chew. In these cases he finds it very satisfactory to allow them to chew *tolu*. He uses sustaining remedies, mainly whiskey; and in antipyretics avoids everything which will cause collapse.

DR. WM. CARSON.

Dr. Wm. Carson, of the Cincinnati and Children's Hospitals, gives muriatic acid, ten drops well diluted with water every three hours, and three grains of quinine about every five hours, in cases which are moderate in amount. These cases are fed with milk every three hours, with the direction that it be swallowed slowly and in small quantities. He rarely experiences difficulty in getting patients to take milk during the whole course of the case. If there is repugnance to this food, he supplants it by beef tea or concentrated milk

broth. He does not give much beef tea or for a great length of time. The chicken broth he gives in large quantities and for some time if necessary. As the condition of the patient becomes more favorable, add a raw egg with whiskey or wine, or a soft boiled egg.

In severe cases the treatment is modified to suit the peculiarities of the case. High fever, 103-104 deg., is treated by cold sponging of the body-surface not less than once every three hours. If active delirium with great wakefulness and twitching is present, a warm bath is used for ten minutes, and repeated in three or four hours. If needed, antifebrine in ten-grain doses is occasionally used. This is not given continuously, but only to supplement the effect of the sponging.

The diarrhoea he treats with turpentine, ten drops every three to five hours. This is especially demanded if the tongue is dry and the abdomen tympanitic. Hope's mixture is also used. The doctor does not interfere with the diarrhoea if the stools are oftener than three or four in twenty-four hours. Gallic acid is given for hemorrhage from the bowels. The dose is twenty or thirty grains every three hours, with occasionally some opium, one-fourth grain every five hours. If perforation of the bowel occurs, large doses of opium are given, and as the peritoneum becomes more involved, turpentine stupes are placed over the abdomen.

Severe headache and spinal pains are met with ten-grain doses of chloral, and sometimes a twenty-drop dose of bimeconate of morphia, which is repeated, if indications and effect require, every three hours. If vomiting is severe, give a half drop of creosote every three hours, and suspend the other drugs. His cases are not treated with the belief that antipyretics have any important influence over the disease.

DR. J. C. MACKENZIE.

Dr. J. C. Mackenzie's routine treatment has been dilute muriatic acid, ten drops after meals; Hope's mixture, one-half ounce every three hours, when diarrhoea was present in an excessive degree. Otherwise the treatment was mainly supportive and symptomatic. The supportive measures consisted of

milk and beef tea, and as convalescence approached, a diet of bread, rice and soft-boiled egg was cautiously added. The symptomatic treatment consisted in the use of whiskey and other stimulants, as indicated in a weak and frequent pulse, dicrotism, etc. Morphia was given in full doses in peritonitis, and morphia and lead acetate in intestinal hemorrhage.

Antifebrine he gave only when there was a continued high temperature of 103-104 degrees or over, with only a slight remission. Wet packs were used in only three cases, and with no satisfactory results. In some cases, after giving antifebrine, the pulse became better and stronger. The administration of antifebrine was always followed by profuse sweating and severe chill. The giving of an ounce of whiskey prevented the chill. The effects of the antifebrine were noticeable within forty-five minutes after the administration, and lasted from four to eight hours. Atropia in doses of gr. $\frac{1}{8}$ to $\frac{1}{6}$ failed to check perspiration in any marked degree. Dr. Mackenzie is of the Cincinnati Hospital.

DR. C. G. COMEGYS.

Dr. C. G. Comegys, chief of the staff of the Cincinnati Hospital, says: I consider it a disease which we cannot cut short, and I devote my whole attention to the protection of the great organs of the body from its ravages. The position of the physician in its management is much the same as the commander of a ship in a tempest—he cannot stop the violence of the storm; therefore, all his energies are directed to the protection of his vessel, the hull, sails, spars and rigging. I endeavor to restrain the violence of the fever from the first; that is, to keep it down as low as 101-102 degrees. This is certainly possible with the use of antifebrine. I deem a certain amount of fever necessary during the course of the disease, to properly sustain the vital actions, depressed as they are by the toxic elements. Heat is the first of the vital stimuli. Antifebrine, in my observation, is not only a most available antipyretic, but, in virtue of that, lessens the frequency of the heart's action; and, as veratrum viride does in

proper doses, increase the tonicity of the arteries to their very extremities, the arterioles, and they will sustain the capillary circulation everywhere. The capillary area, I hardly need say it, is the physiological domain, and also the realm of pathology; the regularity of the circulation, its volume, force and quality being maintained, protects the great organs from functional and organic destruction. To preserve the capillary system, the elimination of all post-organic substances must be momentary and complete, through the kidneys, the skin, the liver, the bowels and the lungs. Antifebrine promotes diaphoresis, diuresis and biliary flow. Immersion baths, hot or cold, morning and evening, even oftener in grave cases, will greatly excite the healthy function of the skin and otherwise give much comfort to the patient. The baths should not be continued longer than eight or ten minutes at a time. Formerly I employed mostly cool or cold baths; now-a-days I prefer warm or hot ones, for they are just as effectual and more comfortable. A hot bath may range from 104 degrees to 110 degrees; a cold one, beginning at 95 degrees, may be reduced to 85 degrees. When it is inconvenient to give a hot bath, a profuse diaphoretic action may be brought on by dry heat, using appliances of several kinds. In the west the corn-sweat is popular; boiled ears of corn, adjusted by blankets to the body, is one of the best. For the diarrhoea when it is weakening the patient, I rarely employ other than the well-known Hope's mixture. If there be constipation, as in the malarial variety, I direct enemata of cold water; and I occasionally, from certain indications, use blue pill. I feed my patients liberally with milk and bouillon; the milk is often peptonized. To aid digestion, or for tonic purposes, I order one drachm of C. P. muriatic acid, mixed with four ounces of lemon or any fruit syrup, and I direct that one teaspoonful of this be stirred in a glass of warm water, which is to be administered as a drink during three or four hours. I also make use of wine or of whiskey in tonic doses; that is, as much as two ounces of the latter or four ounces of the former, diluted in milk or water during the twenty-four hours. If albu

minuria exists, I avoid the use of alcohol, for the kidneys are impervious to it, and it becomes an irritant.

Congestion of the brain, the lungs, the liver, the kidneys and the entire mucosa are dangerous complications, for serous effusions and hemorrhages are imminent and of fatal tendency. These fearful states are owing to the neuritis superinduced by toxæmia. I include in this term the primary specific organisms and their excreta; the post-organic products of their fever and their retention in the blood by reason of the choked emunctories. To prevent this catastrophe, free exit of these emunctories should be maintained from the first day. Delays here are dangerous indeed; but I have seen patients in the terrible strait of an involved brain, lungs and circulation, happily relieved in a short time by a profuse sweating, induced by a hot bath or hot applications under blankets.

For enteric hemorrhage I know of nothing superior to the use of castor oil in small doses every half hour till the oil appears in the passages; and I will add that for occult capillary hemorrhage from any part, large doses of iodide of potassium (40 grains) dissolved in two ounces of water every four hours, works wonderfully well. This is the remedy *par excellence* in congestion of the brain and lungs in this fever. I have used with much advantage towels wrung out of cold water about the chest and abdomen of my patients. For the relief of tympanites the wet pack is very serviceable.

TYPHO-MALARIA.

I beg to add some considerations on the relation of typhoid and typho-malarial fever. I recognize the malarial variety of typhoid fever. In my extended observations in hospital and private practice this variety differs from the true typhoid in several important particulars, viz.: (1.) The febrile accession is much more violent. It is often as high as 104° to 105° F. on the third day, with remarkable daily fluctuations, presenting marks of a remitting fever, and then continues till about the fifteenth day, when it often nearly ceases, and the crisis seems to be passed; within a day it will reappear on a

high plane, and in a remitting character will continue for an indefinite period. We must wait and watch patiently; meanwhile sustaining thoroughly the patient. I always warn the patients against the indeterminate process towards a complete convalescence. (2.) Diarrhœa is by no means as common in this variety; indeed, constipation is more common. Nor is tympanites ever present in a marked degree; nor are rose spots. Numerous sudamina are frequently seen; tenderness in the right iliac fossa exists in moderate degree. Intestinal hemorrhage, I think, is more frequent and more violent than in true typhoid. Again, severe neuralgic pains in the abdominal walls and hyperæsthesia of the skin in that region are striking features, and sometimes lead to such tension of the abdominal muscles as to give apprehension of impending peritonitis. I think this is not seen in typhoid except when an intestinal perforation has taken place. (3.) I have observed occasionally during the high fever the occurrence of a decided suppression of urine, with albuminuria and tubular casts, accompanied by intense pain in the lumbar region, which I have believed to be due to congestion of the kidneys. Very marked conditions of uremia have been developed under such circumstances. In the case of a young lady, two years ago, in this condition, the temperature which on the morning of the third day stood at 105°, fell to 96° within twelve hours, and the pulse descended from 120 to 40 per minute in the same time, and this condition of subnormal temperature and pulse continued for six days (the former fluctuating from 96° to 85° and the latter from 40 to 60 per minute), then the urinary crisis being overcome the regular movement of the typhoid fever was developed. During this period of uremia there was great restlessness and much mental hebetude, but no convulsive actions showed themselves. (4.) In regard to the brain, the symptoms differ, *e. g.*, stupor or mental hebetude is not commonly seen in a marked manner in the malarial form; on the contrary acute phrenitis is occasionally developed and is an extremely grave complication. (5.) The tongue differs from the typhoid. It is longer, with

a whitish fur and slightly œdematous; neither is the anorexia so marked, but the thirst is inappreciable. Cardiac anæsthesia does not exist in a great degree in the course of the disease, therefore, there is not a marked condition of *subsultus tendinum* as in typhoid. In the lungs there is by no means so much tendency to hypnotism and bronchial rales. The anemia, I think, is more profound than in typhoid. In true typhoid fever the muscular tonicity of the striped and unstriped fibres is much more involved, as shown by the state of the circulatory and intestinal apparatus.

Finally.—I am not prepared to admit that these two febrile movements are the same in kind, differing only in degree; for the presence of the agent which we call malaria is too well-marked; hence it satisfies me better to speak of it as a malarial variety of typhoid fever.

A NEW CANULA FOR OPERATIONS IN TRACHEOTOMY.

BY H. N. WADSWORTH, D.D.S.,
Washington, D. C.

I HEREWITH desire to call the attention of the medical and surgical profession to a new and improved canula for drainage after the operation of tracheotomy. I hold that a *metallic* tube or canula should never be introduced into the trachea, because it is so harsh, unbounding, and unyielding, at times cutting like a knife, pressing upon inflamed and swollen tissues, and aggravating all the surrounding parts. I have constructed some tubes of gutta-percha which will in a great measure overcome all of these objections and will greatly simplify the after results of tracheotomy and almost enable the surgeon to become his own instrument maker in these cases.

Inclosed with this article I send you several tubes. Take one and see how easily you can cut it with a knife; warm it slightly over an alcohol lamp, and see how easily you can bend and shape it, or put it in warm water and notice its ductility and pliability; and yet in a moment or two it is as stiff, as hard and unyielding as metal; and at the temperature of the human body, it retains

this unyielding character, whilst it is not acted upon by any of the secretions.

With a few of these tubes of various diameters and lengths in his instrument case, and a few pieces of copper wire, which he can bend readily with a pair of pliers, he is in a few minutes prepared to meet all the requirements of tracheotomy, whether it be for a child with croup or diphtheria, or any of the serious diseases that often render this operation *almost instantly necessary*.

Take the canula which is inclosed and insert it in a vial containing an ounce of water [to represent the throat], slightly warm the silver tube inserted in the bulb No. 1, and gently insert it whilst warm, with a gentle twist into the canula, after having first by squeezing the bulb exhausted the air; on removing the hand from the bulb the suction will immediately take up the water from the canula and vial leaving it empty, and, of course, would act in a similar manner on the secretions in the trachea and bronchial tubes, provided they were not too tenacious and unyielding; and thus in many instances rendering it unnecessary to remove the canula.

Take the bulb marked No. 2; fill it and the rubber tube with water by suction; warm the silver tube at the end of the rubber tube, and gently twist it whilst warm into the canula (supposed to be in the trachea), but really in a tumbler of water; now remove the small peg at the end of the rubber bulb and you have a syphon that will exhaust all the water in the tumbler or secretions in the trachea; and this can be done at short intervals by the nurse without the presence of the surgeon, and without removing the canula.

I would make holes in some of the canulas so as to allow the secretions to find their way into the tubes from above, as well as below, and in that way remove the discharges from the larynx, trachea, and bronchial tubes.

The *great advantage* however in the use of these tubes is in their flexibility; in their yielding character when pressing against an inflamed and swollen part; in going kindly as it were around an ulcer, and gently following a tortuous channel, and yet in a few moments having gained that channel, *without*

force or pain, becoming as firm and unyielding and imperishable as a metal canula.

The insertion of the silver tube into the canula, whilst in the trachea, and its removal, can be made very air tight, and yet require very little force by touching it with a little wax whilst warm, or with glycerine. The tubes are all rough, for illustration, but can be easily made clear and smooth as silver or gold.

I inclose also a solid stick of gutta-percha as a sound, with the the suggestion to warm it and pass it quickly into the trachea and quickly remove it (only a few seconds would be required); if this were done before the insertion of the canula a perfect impression of the trachea would be obtained, and any ulcers of any magnitude would be very likely to impress themselves on the soft and yielding material; then an intelligent canula could be easily and quickly prepared and given the necessary size and angle, and could be quickly inserted, and would certainly be as comfortable as the character of such an operation admits.

SALOL IN THE TREATMENT OF CYSTITIS.

BY E. L. VANSANT, M.D.,

Demonstrator of Pathological Histology; Chief Assistant, Medical Clinic, Medico-Chirurgical College.

THE results in the treatment of catarrhal cystitis by salol have been so satisfactory that it seems proper to draw further attention to its use in this affection.

I have used it now in a number of cases and the results in each case have been surprisingly rapid and beneficial.

The following three cases have been selected as good illustrations:

Case I.—John M., aged 65.

Jan. 7, 1889. Complains of pain in the lumbar region; frequent micturition, accompanied by straining and pain; passes his urine every three hours by day and arises three or four times at night; appetite is poor; has dizziness and indigestion. Examination of the urine: pale, cloudy, with considerable sediment; reaction slightly acid; sp. gr. 1022; tests for albumen and sugar nega-

tive. Microscopical examination of the urine gives epithelial cells and pus corpuscles. Examination of the prostate shows right lobe somewhat enlarged; left lobe seems normal; the entire gland sensitive to the touch. Examination of the bladder per catheter shows that the patient is capable of emptying that viscus.

Diagnosis: chronic catarrhal cystitis.

Treatment: salol, gr. v, every four hours.

Jan. 10. Reports feeling very much better. Now passes urine three times during the day and twice at night; urination is unaccompanied by pain or straining; pain in the back much less, appetite good, bowels regular. Examination of the urine: clear amber color, no sediment, reaction strongly acid, sp. gr. 1022, no albumen, etc. Treatment discontinued.

Jan. 14. Remains in the same improved condition as at last visit.

Case II.—Margaret M., aged 60; patient has been under treatment for some time for phthisis pulmonalis.

Jan. 12, 1889. Returns complaining of having caught cold about two weeks ago, and now suffers from frequent urination accompanied by severe straining and burning. She says that the desire to urinate is almost constant, and that she arises frequently at night; also has severe pain in the back. These symptoms are of about two weeks' duration. Examination of the urine: pale, cloudy, with considerable sediment; reaction slightly acid, sp. gr. 1020, slight amount of albumen. Microscopical examination gives epithelial cells from bladder and vagina, pus corpuscles and some red blood corpuscles.

Diagnosis: subacute catarrhal cystitis. Treatment: salol, gr. v, every four hours.

Jan. 14. Reports that the painful micturition ceased yesterday afternoon and has had no pain since. She arose once last night, and has urinated twice to-day before 2 P.M. Examination of the urine: amber color, very slight sediment, reaction strongly acid, sp. gr. 1020, no albumen. Microscopical examination: some epithelial cells and pus corpuscles.

Jan. 17. Condition continues good.

Case III.—Dr. — complains of slight catarrhal cystitis with frequent micturition, for past several months. Urine not examined. Treatment: salol, gr. v, every four hours. Reports, two days later, entire relief, which continues up to the present time.

The mode of administration followed has been the same in each case: the remedy was ordered in pill form and given in five-grain doses every four hours.

The results from this quantity were so satisfactory that other sized doses have not as yet been tried. Whether one single large dose will not perform the same work is, I think, worthy of investigation.

1632 Chestnut st., Philadelphia.

STATIC ELECTRICITY.

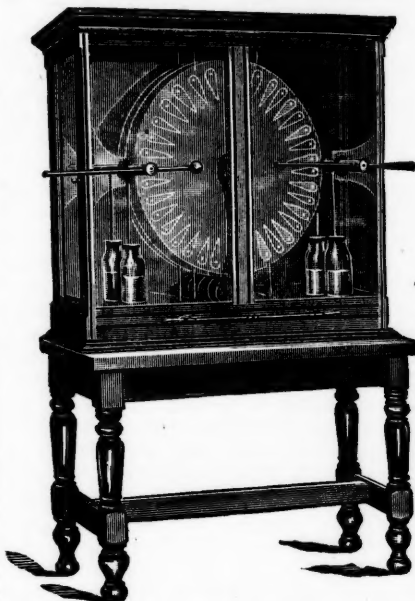
BY H. MONTAGUE.

THERE are doubtless numbers of physicians throughout the country making use of the other forms of electricity, who, but for the uncertain action of the static machines heretofore produced, combined with their excessive cost, would be glad to employ this, to my mind, the most valuable branch of medical electricity. All are familiar with the successes achieved with it by Golding Bird, Charcot, Vigouroux, Bartholow and others, but concise literature on the subject is very deficient; consequently reports of cases in detail from those using Franklinic electricity are of special value.

Regarding the machines, a description of either the Holtz, Toepler or Carré is superfluous; but in respect to the improved Wunshurst it is different, as I am not aware that any detailed account of it has ever been published, except in Ayrton's *Practical Electricity*, page 367, where it is described as being the simplest and most perfect influence machine ever yet devised.

With certain modifications to overcome adverse atmospheric influences, Mr. Thomas Harris, of this city, has produced for me an improved Wunshurst machine, which not only fulfils in every respect the advantages claimed for it; but, in addition to working with absolute certainty and regularity in all weathers, is undoubtedly the most pow-

erful machine ever manufactured for therapeutical purposes. This machine



consists of six glass discs, thirty inches in diameter, mounted on a fixed steel spindle, and rotated in opposite directions; on each disc are fastened, at equal distances apart, twenty metallic sectors. Even with this large number of sectors, I find no difficulty in obtaining a strong, straight and thick spark from the discharging points of the precise conductors, of from nine to twelve inches in length; whereas, while by decreasing the number a still longer spark might be obtained, the machine would not be so absolutely certain of exciting itself under all atmospheric conditions, as is now the case.

Besides its power in the usual administrations of Franklinism, it is a most powerful producer of ozone, and yields very perfectly the Static-Faradic current, the advantages of which are fully described on page 155 of Bartholow's *Medical Electricity*, edition of 1887. When generally applied, Static electricity has strongly-marked tonic effects, superior to those produced by any other form of electricity; the appetite is increased, and all the cutaneous functions stimulated. Another strong factor in rendering popular Franklinic elec-

tricity is that the necessity of removing the clothing is entirely avoided; and where treatment by sparks is indicated, they can be drawn through the thickest clothing. Care, however, should be exercised, in treating ladies, to avoid the proximity of corset steels and wire bustles, as the increased conductive properties of the metal will result in stronger and more painful sparks.

Detroit, Mich.

TRANSLATIONS.

BROMIDE OF GOLD IN EPILEPSY.

THE following extracts are made from the essay of Dr. Goubert, which received the prize of the Academy of Medicine;

The numerous causes of epilepsy have given rise to a variety of treatments, among which that of the bromides deservedly takes the first rank. For many years bromide of potassium, sodium, ammonium, lithium, calcium, zinc, arsenic, nickel, camphor, ethyl, have variously been employed, but their action appears less reliable than the bromide of potassium, or a combination of three—potassium, sodium and ammonium.

In 1878, the author first used bromide of gold, and, encouraged by the results, has established a treatment of remarkable activity. The form preferred is the solution, which is of a dark orange color. The least dose for an adult is 8 milligrammes in twenty-four hours; for a child, from 3 to 6 milligrammes will suffice. When wishing to obtain a rapid effect in an adult this dose is gradually increased until the effect is obtained. If the dose is increased a persistent headache may occur, which ceases when the dose is lessened. The author has never exceeded a dose of 12 milligrammes. The advantages are the small quantity required, compared to the bromide of sodium or potassium necessary to obtain a good result; and the absence of digestive disturbance renders it possible to continue the treatment for a long time without intermission. No phenomena of bromidism have been noticed; no cutaneous accidents, nor loss of memory, or diminu-

tion in sexual functions. Every one is familiar with the grave result of the bromide treatment upon the general health of epileptics.

Bromide of gold is more rapid in its effects, and gives rise to none of these very disagreeable phenomena. Another point worthy of attention is that the effect is lasting, and remains sometimes for many years without other treatment and with no return of the epileptic attacks.—*Revue de Thér.*

THE HOUR OF DEATH AT SALPETRIERE AND AT BICETRE.

M. CH. FERE says that, desirous of verifying for himself the statement that more deaths occur between the hours of 4 and 6 A.M., he made notes of the time of death of all patients in the above named hospitals for ten years, and finds that the statistics show nothing definite.

—*Revue de Thér.*

POISONING BY COFFEE.

Cases of coffee poisoning are so infrequent that the following case may be of interest:

A young girl of vigorous constitution and unaccustomed to the use of coffee drank one day ten cups of a very strong infusion. At the end of two hours, she presented the following symptoms: vomiting, vertigo, ringing in the ears, loss of memory, pain, pallor, disturbance of vision, coldness of the extremities, and numbness in the fingers. The pulse was more frequent, but not fuller nor more irregular than in the normal state.

Glogauer prescribed the following treatment: warm drinks, warm affusion, with hypodermic injections of morphia at the outset. These measures were followed by profuse sweats and a profound sleep. Upon awakening all bad effects had disappeared.

—*Therap. Monats.*

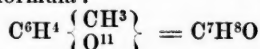
CRÉSYL.

The phénol cresylic or crésylique acid, hydrate of crésyl or crésylol, is obtained by separating from creosote of coal tar the parts which distil between 200 and 210 degrees, and from these, by other distillations in a current of hydrogen, the product which passes at 203 degrees. This composition is

also found in wood tar at the same time as phenic acid.

It is a colorless liquid, with the odor of creosote, refrigerant, boiling at 203 degrees, dissolving readily in aqua ammonia, alcohol and ether; insoluble in water.

It is not, as may be supposed at first, a definite composition, but a mixture of three isomeric compounds, responding to the formula :



and called ortho-, meta- and para-crèsol.

This composition possesses some powerful antiseptic properties superior to phenol. It checks the fermentation of urine and of milk for about fifteen days, in the proportion of one centigramme of cresylol to one hundred centimetres of fluid. It is toxic to animals, but less so than phenic acid. A solution of a fiftieth is preventive of the development of micro-organisms. Menard found this product efficacious in a disease in dogs, and it is used at the veterinary school at Alfort to the exclusion of all other antiseptics. It is useful in disinfecting fecal matter, and a comparative test with phenic acid, bichloride of mercury, boric acid and alkaline cresylol shows that its antiseptic action is superior to the other substances used as anti-microbiens.

—*Bull. Gen. de Thér.*

MICROBICIDES IN PHTHISIS.

In spite of the highest patronage, able experimenters soon put an end to the enthusiasm of the medical public by showing that the only tuberculous sputa which proved harmless in inoculations was that treated by vapors of undiluted fluor-hydric acid, which could not be employed in therapeutics.

Have inhalations of sulphurous acid given any better results? In spite of the first favorable effects, such as "increase of weight, diminution of the cough and sputa," etc., the phthisis, after a brief and passing amelioration, has resumed its fatal course. What of the rectal gaseous injections, the parenchymatous or subcutaneous use of oils containing iodoform, eucalyptol, etc.? In all cases the first attempts gave promise, only to be followed by the sad disenchantment. The bacillus

resists, but, alas, the phthisique succumbs! — LABADIE LAGRAVE, in *La France Méd.*

A HINT IN VESICAL LAVAGE.

VERCHERE, in the case of a man 72 years of age, with retention of urine, practised sub-pubic puncture with a No. 3 Dieulafoy trocar, and drew off the urine. The following day the urine was again drawn off and was still offensive.

Lavage by the urethra being impossible, there remained the alternatives of perineal section, the establishment of a sub-pubic fistula, or the hypogastric section and retrograde catheterism as lately practised successfully by Rohmer of Nancy.

Profiting by the presence of the canula in the bladder, Verchere injected 50 grammes of a saturated solution of boric acid; then withdrew it by aspiration. This was repeated a dozen times, till the liquid returned clear. Thirty to forty grammes of the solution were left in the bladder. The condition of the patient was distinctly improved.

During thirteen days, thirty-one punctures of the bladder were made. At the end of this time the patient could urinate naturally, and a sound was passed, and a complete cure is expected.

By this sub-pubic puncture and lavage, the patient escaped a very grave surgical operation, and was relieved from an affection which would have otherwise proved surely fatal.

—*La France Méd.*

LEMON-JUICE FOR EPISTAXIS.

FAUCHON states that after irrigations with hot water had failed to stop a persistent epistaxis, he succeeded by injecting pure lemon-juice into the nostril. This was better borne than the hot water.—*Bull. Gén. de Thér.*

ATAXY.

GERMEIX records a case of locomotor ataxy cured by anti-syphilitic treatment, consisting of the iodides internally and mercurial inunctions, both in full doses.

From an analysis of sixty-five cases the author deduces the following conclusions: 1. Nearly all ataxies, if not all, are syphilitics. 2. Specific treat-

ment alone gives enduring benefit. 3. This treatment gives good results only when used at the beginning of the malady and when employed in massive doses.—*Archives de Méd. et de Pharm. Milit.*

HOSPITAL NOTES.

INFIRMARY FOR NERVOUS DISEASES.

EPILEPSY.

S. WEIR MITCHELL exhibited a female patient, aged 22 years, the history of whose case was as follows: When about five years of age she received a blow on the left side of the head with a quoit. The soft parts were divided and there was evidence of some depression of the left parietal bone. Since that time she has been subject to epileptic fits, occurring as frequently as two or three seizures in the day. These attacks are always the result of excitement, and preceded by an indefinite sensation in the seat of the old head injury. The patient first clasps her hands, and in a few moments the head and eyes are rigidly turned to the left. The attacks used to occur at night, but not now. She never hurt herself or fell in the street. During the fits she believes that she is unconscious. A very interesting feature of the case was the fact that although the aura began in the head, the attacks could be prevented by grasping the left arm very tightly. This, Weir Mitchell explained, was by no means unusual in cases of the kind, and he mentioned that he has known patients carry a small tourniquet, worn like a bracelet, for the purpose of warding off the attacks. The patient's general health was satisfactory, and there was nothing abnormal about the menstrual discharge. She had been taking Brown-Séquard's mixture for many years without much benefit. Weir Mitchell ordered her nitrite of amyl in capsules, one to be inhaled whenever she felt an attack coming on. Also 15 grains of bromide of lithium three times each day with 3-drop doses of Fowler's solution after each meal. The Brown-Séquard's mixture to be stopped.

TREATMENT OF IDIOPATHIC EPILEPSY.

S. WEIR MITCHELL says: "In the routine treatment of idiopathic epilepsy

I always give 10-grain doses of bromide of potassium three times each day. The dose is increased with every fit, until the patient begins to feel weak, when it is reduced."

JEFFERSON HOSPITAL.

INSOMNIA FROM GASTRIC IRRITATION.

BARTHOLOW, at a recent clinic, showed a female patient, aged 19 years, unmarried, who reported that for months past she had been losing weight and strength rapidly; that she suffered much from sleeplessness, and that except for a little tea, once or twice a day, her appetite was gone. The stomach was extremely irritable, vomiting occurring whenever she tried to take food. Her menses were very irregular, the flow taking place sometimes twice a month, and occasionally there was an interval of three months between each period; bowels constipated; pupils responded to light, but when at rest the left was larger than the right. Bartholow called attention to the great disturbance of the vaso-motor circulation, as evidenced by the alternate blushing and pallor in the appearance of the patient. He considered this was caused by the gastric irritation, which also explained the insomnia. The brain was, so to speak, exhausted from want of sufficient food.

As to treatment, he said the following plan was indicated: First. Good, nutritious, easily digested food, to be given at first in small quantity and at frequent intervals. A little egg-nogg, alternated with a small amount of animal broth to begin with, until the stomach was in a condition to take more substantial aliment. Second. By medicinal treatment relieve the stomach trouble. With this object the following prescription would be found useful:

R Bismuthi subcarbonat. gr. x
Creosoti. ℥ j

to be suspended by means of glycerine in an ounce of chloroform water and taken just before meals.

Third. "Relieve the constipation by pushing the nutriment." In this connection Bartholow said: "The system of giving purgatives when nothing is in the intestinal tract is extremely irrational. No matter how repugnant food is to your patient, if once it is intro-

duced into the stomach it will be disposed of in a proper manner.

SUSPECTED RENAL CALCULI.

The next case shown was that of a female aged 28 years. She complained of paroxysms of pain extending from the left lumbar region to the left iliac fossa. The pain had been present for a month, coming on at regular intervals of a week apart (always on Sunday), and lasting for six or eight hours. Examination of the urine showed the presence of albumen, pus and mucus. Bartholow was inclined to think the trouble of renal origin, due to calculi in the pelvis of the left kidney setting up irritation. He considered the periodicity of the pain might be explained by the fact that the patient worked hard during the week, especially on Saturday, and that in resting on Sunday the pain was more evident from her want of occupation on that day.

CHILDREN'S HOSPITAL.

MITRAL DISEASE IN CHILDHOOD.

MORRIS LEWIS brought before his clinic an interesting example of mitral disease resulting from an attack of subacute rheumatism. The patient, a little girl aged 7 years, had been healthy all her life, and, except a mild attack of measles three years ago, had not suffered any of the diseases of childhood. About five weeks ago she complained of pain over the region of the stomach moving to the left shoulder. At no time was the pain very severe. Examination of the heart showed the apex beat normal in position, with the heaving impulse on palpation. A well-marked mitral systolic murmur was heard at the apex and transmitted into the left axilla and inferior angle of the scapula. Morris Lewis considered the case one of mitral regurgitation, secondary to subacute rheumatism. The "pain in the stomach" was he thought rheumatism of the abdominal muscles. As to treatment, he said: "Salicylate of sodium will often check the pain of rheumatism with great rapidity, but I believe it has no effect on the duration of the disease. I think this case is suitable for its administration and will therefore order five-grain doses of the drug after each meal. In prescribing

the salicylates it must be remembered that they are apt to disagree with the stomach, and for this reason must not be prescribed in a concentrated form, but given largely diluted with water. Occasionally tinnitus aurium results when they are administered for any length of time. This, however, can be readily checked by bromide of potassium, or hydrobromic acid.

WHOOPIING COUGH.

MORRIS LEWIS called attention to an epidemic of whooping cough which had broken out in the hospital amongst the surgical cases. The patients were eight in number, and averaged about three years of age. The characteristic features of the disease in different stages were well marked. In only two of them was the ulceration of the frænum lingua to be seen. Different modes of treatment were adopted, but the best results were obtained in the majority of cases by $\frac{1}{4}$ grain doses of extract of belladonna. An interesting point was the failure of antipyrin to relieve the symptoms. This, Morris Lewis thought, might be explained by the patients being out of health (all were suffering from spinal curvature or coxalgia), and it was a well known fact that antipyrin given in whooping cough showed better results when the patients were in robust health.

FRACTURE OF THE CLAVICLE.

WHARTON presented a child, aged five years, who sustained an injury to the left shoulder by falling on his hand the previous day. When the child was stripped the left shoulder drooped considerably, and crepitus was plainly marked. The fracture occurred at the junction of the outer with the middle third of the bone. Wharton pointed out that in treating this class of injuries, three indications were to be observed: 1st. To raise the shoulder by means of a pad in the axilla. 2d. To bring the fragments into apposition. 3d. To flex the elbow joint and keep the parts at rest until union took place. In children it was always better to begin by applying strips of adhesive plaster before putting on the bandages, as it insured absolute fixation of the fracture should the dressing be disturbed. Passive motion should be begun early, so as to avoid the danger of

ankylosis of the shoulder, elbow or wrist joints.

UNIVERSITY HOSPITAL. DYSMENORRHOEA.

At GOODELL's clinic, the first case shown was that of a married woman, aged 22. She menstruated at thirteen, and had always been regular until three years ago, when she married. Since then she had suffered much from dysmenorrhœa, headache and constipation. At no time was there any evidence of pregnancy. Examination *per vaginam* showed that the uterus was enlarged and anteflexed, with patulous os and congestion of both ovaries. Goodell said that the dysmenorrhœa was explained by the anteflexed condition of the uterus. He thought the nervous symptoms were due to the want of fruitfulness in a patient who seemed anxious for children. Sterility caused her nervousness, and by reflex action the headache and constipation. As to treatment, he would place the patient under ether and dilate the os, with the hope that pregnancy might result.

MENORRHAGIA.

The next patient was 28 years of age, with the following history: She had been perfectly healthy and had menstruated regularly until three years ago, when menorrhagia began and continued. One year ago she noticed a tumor in the hypogastric region, which grew slowly until the time of her appearance at the clinic, when she was as large as if in the fifth month of pregnancy. Examination revealed the existence of a large multiple tumor intimately attached to the uterus. Goodell diagnosed the case as one of malignant tumor, on account of the age and color of the patient, and the external appearance of the growth. He made the interesting statement that in all his experience he has never seen a case of cancer or ovarian tumor in a colored woman of her age; that fibroids were very common in colored people, and malignant tumors equally so in the white race. He proposed to perform a hysterectomy when the patient had ceased menstruating, as it was contrary to his practice to operate on the womb during the menstrual period, owing to the in-

creased danger of severe hemorrhage and septic absorption. The nature of the growth was most likely sarcomatous; but that would be decided after the operation.

PREGNANCY.

The next case brought before the clinic served to illustrate the diagnosis of pregnancy. The patient was twenty-two years of age, and had been married three years. One living child was born two years ago. She complained of general weakness, morning sickness, enlargement of the abdomen, and suspected she was about four months' pregnant. An interesting feature of the case was the history of hæmoptysis since the stoppage of menstruation. This Goodell attributed to uterine congestion, being relieved "vicariously," so to speak, and mentioned that he had frequently observed it in his practice. Examination showed that the womb was enlarged and the os patulous. The breasts were negative.

Goodell said that three important signs of pregnancy were present, viz.: Stoppage of the menses, enlargement of the uterus and softness of the cervix. He believed the woman to be pregnant, but would not be warranted in making a positive diagnosis until more certain signs showed themselves. He pointed out that an enlarged uterus might be due to the presence of a tumor; but then there would be pain and debility of the patient, and, most important of all, dysmenorrhœa, instead of amenorrhœa, would be present.

MASSAGE BREAKS DOWN ANKYLOSIS.

AGNEW, at a recent clinic illustrated the beneficial results obtained by massage in breaking down old adhesions, in a boy aged sixteen, who a year and a half previously got caught in a belt, the bones about the right elbow joint being extensively fractured. The fracture was put up in a fixed apparatus which was not removed for over a month, with the result that there was extensive ankylosis, not alone of the affected joint, but also of the joints of the shoulder, wrist and hand, the entire limb being rendered perfectly useless. When the boy came under Agnew's care some months afterwards, he ordered

massage and manipulation to be persevered in. The boy has now complete use of the limb, and can perform the most complex movements of the joints and fingers.

PHAGEDENIC ULCERATION OF A STUMP.

AGNEW recently operated on a man whose leg had been amputated previously about three inches below the left knee. At first the stump did fairly well, but a week previously ulceration set in which defied all treatment. Agnew said in those cases there was nothing to do but to perform a secondary amputation, which he did, removing about two inches of the stump. He pointed out that hemorrhage was extremely liable to occur, owing to the congestion of the stump and consequent enlargement of the vessels, so that the utmost care should be observed in tying the arteries, and seeing that all hemorrhage had stopped before the dressings were applied.

PENNSYLVANIA HOSPITAL.

SHOULD YOU TREPHINE IN SUPPOSED DE-PRESSED FRACTURE OF THE SKULL?

MORTON at a recent clinic discussed this interesting question. He said: "In cases where you suspect that a fracture of the skull has taken place, even though there may be no external wound, it is perfectly justifiable to make an incision in order to examine the bone thoroughly. This will save you the annoyance of having your patients come back after months with epilepsy or chronic meningitis; as you must remember that depression of the skull, especially if the inner table is broken, no matter how slightly, is very liable to cause serious intracranial mischief."

UNIVERSITY HOSPITAL.

CHRONIC MENINGITIS FROM SUNSTROKE.

PEPPER presented to his clinic a man aged 40, a railroad conductor by occupation. He was married and had four children all healthy, never had syphilis, habits good. There was no history of injury. He had been ailing since last July, when he was overcome by intense heat, and lost consciousness for three days; since that time his health has been affected, and there has been some mental aberration occasionally amount-

ing almost to insanity. There was no loss of motion or sensation, but distinct evidence of impairment of speech. Examination of the eye grounds revealed the existence of intracranial pressure with some congestion of the retinae. There was no neuritis observed. The patient complains of much headache and want of sleep; these symptoms becoming more marked when he is unduly excited from any cause. Pepper diagnosed the case as one of chronic meningitis resulting from the sunstroke. With regard to treatment he proposed that the patient should have an unstimulating diet of fish, eggs, vegetables and milk—all "blood making" foods, as meat and alcohol, to be avoided. Hygienic measures should be adopted, including shampooing of the trunk and extremities.

GERMAN HOSPITAL.

FRACTURE OF PATELLA.

DEAVER presented a case of transverse fracture of the patella and inserted Malgaigne's single hooks.

To make the operation a success, he pointed out that the patient had to be put in bed for about ten weeks, with the hooks *in situ* nearly six weeks, and the leg slightly elevated; and strict antiseptic precautions had to be observed.

As proof of the efficacy of this treatment he presented a young man whom he treated about five months ago for fracture of the patella, in the same manner, with excellent results; patient has very good fibrous union, and nearly normal movement of the leg.

FEMORAL ANEURISM.

DEAVER presented a case of femoral aneurism, situated above Hunter's canal of the left leg, and advised digital pressure in preference to ligation, on account of the circulation not being so plentiful as in other parts of the body and, therefore, the anastomosis might not be sufficient to nourish the leg.

In speaking of the operation of cutting down to the sac and turning the clot out, and ligating the proximal and distal ends of the artery, he said that profuse hemorrhage may ensue before the artery can be found and ligated, and, therefore, would advise to ligate

the artery first on both ends, and then open the sac and turn out the clot; by so doing the danger of hemorrhage being averted. He presented the patient in his next clinic and the tumor was solid, no pulsation, no movement, digital pressure having been performed.

CANCER OF THE RIGHT CHEEK.

DEAVER operated on a patient with carcinoma of the right cheek, involving the parotid gland, and a portion of it had to be removed; he being careful not to injure Steno's duct, so that no salivary fistula would ensue; also great care being taken not to cut the facial nerve, though some filaments could not be avoided. After the operation the wound was carefully washed, and then a solution of chloride of zinc gr. xv to 3j was used to touch the wound thoroughly with.

Sufficient flap could not be had, so the wound was left to heal by granulation, under antiseptic precautions.

At his next clinic the patient was doing well, and the wound had a healthy appearance; granulation progressing nicely.

ACUTE NEPHRITIS.

BRUEN presented a patient about 30 years old, who was admitted to the hospital on the 5th of January, with headache, nausea, scanty urine, which on examination was found to contain a large quantity of albumen, epithelial and granular casts; temperature 98° and never went above 100°, with high arterial tension and cool surface.

Patient had not felt well for 16 days previous to his admission; his face was cedematous and general anasarca was present.

The diagnosis of acute nephritis was made, patient put to bed, a hypodermic injection of pilocarpine and a steam bath were given to increase the action of the skin. Calomel gr. $\frac{1}{6}$ for 6 hours, followed by gr. x of compound jalap powder to produce purging; milk diet and fluid extract of ergot gr. xv every 3-4 hours.

The albumen has completely disappeared from the urine and patient feels well; the drugs were withdrawn, and Basham's mixture substituted, to keep up the action of the skin and help res-

toration of the blood, because the patient is pale and anemic.

MEDICO-CHIRURGICAL COLLEGE.

TONIC IN TYPHOID.

WOODBURY considers the different preparations of coca especially valuable in convalescence from typhoid fever, being superior to digitalis, for instance, in not having a tendency to cause diarrhoea.

SPERMATORRHOEA.

For spermatorrhoea due to relaxed arterial tension, gtt. 30 of digitalis at night are good; and if there are frequent erections, full doses of potassii brom. should be given during the day.

—Woodbury.

OPERATING FOR CATARACT.

KEYSER never operates on both eyes on the same day; there is too much risk. He can recall numerous instances in which one eye has been operated on and lost; but in which such peculiarities or idiosyncrasies were noticed that in a subsequent operation on the other eye the surgeon was enabled to save it.

SCROFULOUS DIATHESIS.

ATKINSON thinks that the scrofulous diathesis is frequently acquired by the child through the mother's nursing it after menstruation has again begun. The mother's milk is then improper and insufficient food for the growing child.

BRONCHIAL HEMORRHAGE.

In bronchial hemorrhage there are three indications to be met: Lessen blood pressure, strengthen vessel walls, enrich the blood. Persons, then, subject to this trouble should be put on a dry diet in the first place. Lacto-phosphate of lime is the best preparation for strengthening the vessel walls, and as it is slow of absorption, I am accustomed to order ten grains to be put in a glass of water, and sips to be taken a number of times during the day, so that grs. x are taken each day. The vessel walls will now stand iron or some other enriching substance, whereas before their weakness would make a course of iron most dangerous. For the hemorrhage itself, nothing is better than a full dose of digitalis.—Waugh.

CATARACT IN BRIGHT'S DISEASE.

KEYSER has never operated on a patient in whose urine considerable albumen was found, without having sloughing of the cornea to follow. On the other hand, he has frequently operated on diabetic patients with success, after they had undergone a course of treatment.

If the iris is sluggish, he has found that it is not safe to remove the lens at the same time as the iridectomy. He removes the lens some six weeks later.

MORNING SICKNESS.

STEWART has had greater success from oxalate of cerium in morning sickness, or the vomiting of pregnancy, than from any other one drug. It acts best alone.

R Cerii oxalatis.....grs. lxxx.

Ft. pil. in no. xl.

Sig.—Take one three times a day.

He thinks the nausea is frequently caused by co-habitation during that period, and has good results from advising continence.

PNEUMONIA.

In cases of supposed delirium tremens it is always well to examine the lungs for pneumonia, for the symptoms of these affections are sometimes strikingly similar.

If a drunkard with pneumonia be bled in the first stage, he will almost certainly succumb in the third. Heart failure from the high temperature is the great danger in pneumonia. I make it a point to keep the temperature down to 102° by means of antipyrin, accompanying this simple treatment with warm mush poultices to the chest. The results are remarkably good.

Should the heart markedly fail, no tonic is better than strychnine, say gr. $\frac{1}{16}$ every four hours. —*Waugh.*

OINTMENT FOR SCROFULOUS GLANDS.

ATKINSON says this is a good ointment for application to the enlarged glands of scrofulous children:

R Potassii iodidi.....3 j
Unguenti stramonii.....3 ij. M.

HOW TO TREAT CHILDREN'S DISEASES.

The best way to treat the diseases of

children is to treat the indications, not the disease. —*Atkinson.*

CAFFEINE IN A CUP OF COFFEE.

An ordinary cup of coffee contains from $2\frac{1}{2}$ to 3 grains of caffeine. Coffee is serviceable in malarial districts as a stimulant to the liver, and also as an antiseptic. —*Woodbury.*

AMPUTATION OF PENIS.

GARRETSON amputated this organ at its proximal third, for epithelioma, at his clinic January 12.

ABLATION OF SUPERIOR MAXILLA.

On January 19, GARRETSON performed at his clinic this difficult and dangerous operation. The patient was a man of some fifty years, suffering from a sarcoma that, starting in the antrum, had infiltrated the whole bone. An incision was first made through the upper lip in the median line, around the ala of the nose to the eye, along the edge of the orbit to the external canthus, and the flap dissected back. With the circular saw of the surgical engine, Garretson now followed the line of the incision, cutting through the bone, but not invading the orbital floor. The malar process of the superior maxilla was now sawed through, next the palatine process just to the affected side of the median line, back to the horizontal plate of the palate bone. The saw, at a right angle to its former course, was now made to disconnect the superior maxilla from the palate bone. After dividing all the accessible soft attachments with the knife, the operator wrenched from its socket, with a pair of powerful forceps, the offending bone, leaving in its place a huge cavernous wound. The flap was then returned and sewed in position, and the patient is at present writing doing well.

CANCER ORIS.

ATKINSON says he has never seen a case of cancer oris that did not arise in a scrofulous child, and then after a course of mercury.

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The Naval Medical Examining Board is now in session at the Naval Hospital, Philadelphia.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, FEBRUARY 1, 1889.

EDITORIAL.**GERMICIDES IN TYPHOID
FEVER.**

THERE appears to be a growing interest in the treatment of typhoid fever by the administration of drugs which act as germicides in the intestinal canal. It is a hopeful sign for the future of this method that there has been no popular "craze" for it, as there was for the late lamented Bergeon, and many another folly which had but little to commend it to those who stop to think before acting, but novelty enough to catch the breeze of passing fancy. And yet the application of intestinal germicides seems to follow so appositely upon the adoption of the microbic theory of typhoid fever. In pulmonary tuberculosis every possible avenue has been utilized for the introduction of microbicides. The air to be inhaled has been loaded with vapors of every sort which is supposed to be noxious to the invading bacillus; the stomach and the subcutaneous cellular tissue have been utilized for the introduction of aniline and creasote, in the hope of saturating the body to a point incompatible with the continuance of microbic life; the rectum has served for the introduction of sulphurous acid. But though, thus assaulted in front, flank and rear, the tubercle bacillus has proved too firmly intrenched to be dislodged. So intimately conjoined are the elements of death and of life, that it has been found practically impossible to remove the one without also destroying the other.

Although in typhoid fever there is a

better opportunity for using germicides in sufficient concentration to render them effectual, practitioners appear to be slow in adopting this idea in its treatment. This is doubtless in great part due to the very fair results obtained by the treatment already in vogue. The antiseptic methods practised in the great German hospitals, and the expectant plan pursued in this country, have yielded a percentage of recoveries which is certainly remarkable when we consider the serious nature of the disease, and the dangerous complications and sequelæ which beset it. But no result is good enough if there be room for a better.

Another reason for the slowness of the profession to take up the intestinal germicides has undoubtedly been the thought that, while the intestinal canal has served for the introduction of the disease-germs into the body, the symptoms are produced by the penetration of these germs into the blood-vessels, and their passage to all parts of the body. To what extent and at what stage of the disease this takes place, we are not as yet informed. Indeed, we are in want of a series of examinations of the tissues and fluids of the body, during the progress of typhoid fever, with a view of determining this interesting point. Judging from the effect of germicidal treatment, we are warranted by clinical observations in believing that the intestinal canal is at first the sole theater of the microbic operations, and that the general symptoms are produced by the absorption into the circulation of poisons generated in the intestines by the specific microbes of the disease; further, that there is a time when a microbic invasion of the blood really occurs; after which the exhibition of intestinal germicides fails to be followed by the marked benefit which accrues from their use previous to that time.

It may be noted that even before the promulgation of Klebs' discovery, the remedies which had obtained the esteem of clinicians in the treatment of this disease are those which possess some local germicidal properties. How else can we explain the claim of Wunderlich, that typhoid can sometimes be aborted by a few doses of calomel? Or that cases treated throughout with iodine give a better percentage of recoveries than those treated without it, all other conditions being the same? It is possible that nitrate of silver, the mineral acids, quinine and turpentine owe their reputation in great part to their local germicidal effects.

During the past year there have been several important publications upon this subject; especially noteworthy as showing that several observers, working with different agents, have obtained very favorable results.

Gramshaw¹ reported a series of 116 cases, treated with carbolic acid and iodine, without a single death.

Bouchard² makes us of naphthol and salicylate of bismuth, and claims results more favorable than were obtained from empiric medications, and the treatment of symptoms. As he associates with this treatment the use of baths, quinine, calomel, etc., it is not possible to judge definitively of the exact value of intestinal antiseptics in his very numerous successful cases.

To these observations is now added an interesting paper in *The Practitioner* by J. Mitchell Clarke, on beta-naphthol in enteric fever. He calls attention to the ease with which toxic bodies, found in the intestines, normally, or through the intervention of the disease, gain access to the organism through the intestinal ulcers. Bouchard showed that beta-naphthol is only toxic in doses of

about eight ounces per day for an adult of average weight, while forty grains in the 24 hours suffice to keep the bowels aseptic. This is given in milk, or in gelatine capsules. Small doses frequently repeated are preferable.¹

Acetanilide or phenacetine were also used when the fever exceeded 102° F.

In the five cases treated by naphthol throughout, the abdominal symptoms were favorably modified, but the fever showed its usual course, the highest range being 103.5° to 104.8°. In two cases the naphthol had to be stopped on account of gastric disturbance, excited by the drug. In one case a relapse occurred after defervescence from a mild first attack. Convalescence was unusually rapid in this series of cases, and the patients were less reduced in strength than usual.

His conclusions are:

1. That the production of an intestinal antiseptics is a rational mode of treating enteric fever, and that beta-naphthol is a safe and tolerably efficient agent for this end.
2. That by its use in the above cases the duration of the disease was shortened, and the intensity of the symptoms directly arising from profound disturbance in the alimentary canal was lessened.
3. That the tendency to the occurrence of splenic enlargement, albuminuria and secondary complications, such as boils, abscesses, etc., of purulent infective origin, is diminished.
4. That complete convalescence is more speedily and satisfactorily attained, and that there is less risk of a propagation of the disease to others.

¹ The following is Clarke's formula:

R	Beta-naphthol.....	gr. xx
	Tinct. aurantii.....	f. 3 ij
	Syr. limonis.....	f. 3 ss
	Mucil. tragacanthæ.....	f. 3 iij
	Aque, q. s. ad.....	f. 3 vj

M. S. Dose, f. 3j.

¹ Philadelphia Medical Times, Aug. 1, 1888.

² La France Médicale, Jan. 3, 1889; page 3.

In June last the writer presented a series of twelve cases treated with the sulpho-carbolate of zinc. Eleven of these were thus treated from the beginning, and all recovered. The other case was almost moribund when it came into the writer's hands, from repeated intestinal hemorrhages, and cannot be counted against the treatment, except as showing that there is a time when intestinal antiseptics cease to be curative. Since that time twenty-two cases have been treated by the same agent, all of which recovered.

The sulpho-carbolate of sodium was substituted for the zinc salt in some instances, the results being apparently identical.

Neither Clarke's list of seven cases, nor our own of thirty-three, is sufficiently extensive to warrant positive deductions; but it may be of some interest to point out the differences in the action of the two agents used:

1. Intestinal antiseptics are procured by both, requiring 40 grains per diem of naphthol and 30 grains of the sulpho-carbolate (in adults).
2. Gastric disturbance resulted in two cases out of seven from the naphthol; in none from the zinc.
3. No decrease in the fever was obtained from the naphthol, while in every case the sulpho-carbolate caused a fall of at least one degree.
4. Dr. Clarke does not state that the cerebral symptoms were either moderated or prevented by naphthol; while this formed a marked feature in all our cases but one.
5. The tendency of secondary suppurations, probably resulting from the entrance of pyogenic bacteria through the intestinal ulcers, was diminished in both series.
6. We think that the effect on the intestinal symptoms was more marked in our own cases, though it may be simply

that Dr. Clarke has not dwelt on this point.

Altogether, the advantage in every particular appears to be on the side of the sulpho-carbolates.

ANNOTATIONS.

PHYSICIANS' ACCOUNTS.

We desire to call the special attention of our readers to the system of keeping accounts devised by Dr. C. F. Taylor, of the *Medical World*. His pocket day-book is the only one in existence, so far as our knowledge goes, which can be produced as evidence in a court of law. It is as easy to register services in it as in any of the other pocket case-books.

We think it is better than any of them, because in the space used for recording a visit there is room enough for a descriptive word, such as "visit," "night visit," "confinement," "operation," etc., as well as for the sum charged.

By leaving out the various statistical tables, the substance of which ought to be in the physician's head, instead of in his pocket, the size of the book is reduced greatly, which is a commendable feature to those who dislike bulging pockets.

The Ledger of Monthly Balances is just as handy, requiring one entry a month, and showing the debtor's status at a glance.

These two simple and inexpensive books fully answer the physician's needs, and furnish a system of keeping his accounts in every way superior to the bulky and complicated systems in common use.

The only thing needed to make Dr. Taylor's books complete is a good fountain pen, with which to make the entries in ink.

UNIVERSITY CHANGES.

The faculty of the University appears to be somewhat kaleidoscopic lately, from the number of changes which are being made and the rapidity with which re-arrangements are effected. To those who are not familiar with the working of the institution, this may have the appearance of instability, as if the structure were tumbling to pieces like a card house.

We have already referred to Dr. Agnew's retirement, which leaves Professor Leidy alone to represent the old faculty as it existed prior to the advent of the "younger element." If, as seems likely, the trustees decide to transfer Dr. Ashhurst from the chair of Clinical to that of Didactic Surgery, it is simply in the line of the traditional policy of the University, which has always been averse to the recognition of merit outside of her own pale. That Dr. Ashhurst should prefer the didactic chair to the clinical, which is usually considered the most remunerative, from its influence upon private practice, shows that the seven so-called "fundamental" chairs are still looked upon as preferable to those of later creation.

This leaves the chair of Clinical Surgery still to be filled—the most valuable place in the faculty.

Dr. Tyson steps into the chair of Clinical Medicine, vacated by Dr. Osler. The training of his pathological studies should make a good clinician of Dr. Tyson, who has always shown a partiality for more active professional work. Dr. Guiteras, who succeeds him in the chair of Pathology, has done notably good work in the Marine Hospital service; but it remains to be seen whether he will prove a successful teacher. Dr. Formad expected the position, and has resigned his connection with the University because he was not elected to it. While his work as a pathologist has been of a high order, his imperfect command of the English language must seriously interfere with his efficiency as a teacher.

Dr. Huidekoper, the chief of the Veterinary School, announces that he is to give up his post at the close of the present session. There are few really accomplished veterinarians in the country, who are available for such a charge, and it is questionable if one can be found who will fulfil its responsibilities as Dr. Huidekoper has done. As in the case of Dr. Osler, we must express our regret that Philadelphia cannot keep such men instead of allowing other cities to secure them.

HEARTLESS INDIFFERENCE.

The *Medical Press and Circular* states that a workman in a manufac-

turing chemist's (*sic*) reported to the foreman that he had taken by accident some poison. The latter sent him for some ipecac, which the warehouseman declined to give, saying it would probably do more harm than good. Some time later the head of the firm was sent for, who confined himself to the administration of a glass of water. Forty minutes later a doctor was sent for, but the man was dead before he arrived.

Although our contemporary gives this item with the above caption, we think he is mistaken in attributing it to heartlessness. It is rather an instance of the unreadiness which is characteristic of Englishmen—the slowness with which ideas penetrate their brains—though once having effected an entrance they are exceedingly difficult to dislodge.

The incident recalls another, of which the writer was an eye-witness. An English line-of-battle ship, going out of the harbor of Rio de Janeiro under sail, ran into the U. S. S. Lancaster. One of the English sailors fell overboard, and in the confusion not one of the crew of over 1,000 men had the presence of mind to throw the poor fellow a hencoop, or spittoon, or to loose the life-buoys which hung at the stern ready for such accidents. The man would have drowned had it not been for the crew of the Lancaster, five of whom sprang overboard and kept the man above water until a boat from the Lancaster picked them up.

THE INSPECTION OF MILK

Has been inaugurated in Philadelphia. An official has been appointed who goes about the city swooping down upon the dairies at all sorts of unexpected hours, and carrying off samples of milk for analysis. This is, of course, not very likely to be as effectual as an inspection of all milk before it is allowed to be exposed for sale, and also a supervision of the dairies; but let us be truly grateful for small favors and live in the hope of larger ones to come. At any rate we are assured by the Board of Health that the milk which is not approved, will not be confiscated for the use of the hospitals, as is somewhat apocryphally told of a transatlantic city.

CALCIUM SULPHIDE IN CROUP.

The *Medical Register*, in an editorial, recommends the use of sulphide of calcium for croup, in doses of one-tenth of a grain hourly for the worst cases.

That croup is generally overtreated, that the drugs sometimes given to these little sufferers would probably bring a child who was not previously ill to the verge of death, and that the homœopaths who give nothing have about as good as, or better results than, those who practise the heroic methods, are facts hardly to be doubted. We have long believed and taught that previous to the retraction of the abdomen with the inspiration, which constitutes the indication for tracheotomy or intubation, it is best to let the child alone; simply giving such sustaining treatment as is possible, and even a little opium, to keep it quiet and prevent the occurrence of dyspnoic paroxysms.

The use of sulphide of calcium is not open to the same objections as turpeth mineral, alum, copper and squill, and has the virtue of being readily administered, a qualification by no means to be despised.

HYSTERIA?

An instructive case is reported in a late London journal. A young girl applied to a hospital for admission, for obscure abdominal pains. Repeated examinations failed to detect any appreciable cause for the symptoms, which were set down to hysteria. This diagnosis was apparently confirmed by slight improvement which ensued, when "disciplinary" treatment was adopted. The girl sank, however, and died. At the autopsy it was found that the cause of her death was melanotic cancer of the lumbar spine.

We are sorry that no information is vouchsafed as to the nature of the "disciplinary" measures with which this dying girl was treated. We can imagine what would be meted out to a charity patient who was supposed to be shamming sickness in a hospital. A lively appreciation of the limitations of the diagnostic art, in the hands of resident physicians, should make one very slow in instituting such measures.

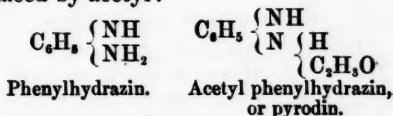
And what is the true significance of a diagnosis of hysteria? Does it ex-

plain anything? Or does it not simply remove the difficulty one stadium away, and leave us still confronted by the question, "Why is she hysterical?"

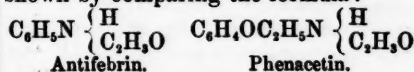
LONDON LETTER.

PYRODIN.

THE new antipyretic introduced by Professor Dreschfeld, of Manchester, appears to be a powerful but somewhat dangerous addition to the pharmacopœia. In chemical constitution it is a phenylhydrazin, in which one atom of hydrogen (in the amide group) is replaced by acetyl:



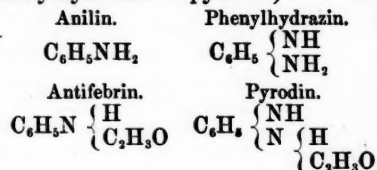
Its connection in chemical constitution with antifebrin and phenacetin is shown by comparing the formula:



Pyrodin is a white crystalline powder, sparingly soluble in cold water and almost tasteless. It may be given in powder, in doses of gr. v to gr. xv to adults, and of gr. j to gr. ij to children. It is a very powerful antipyretic, depressing the temperature in fever very rapidly. The antipyretic effect lasts many hours, so that it is not necessary to repeat the dose for eighteen or twenty-four hours. The frequency of the pulse is also reduced, and considerable diuresis is produced. Professor Dreschfeld found it especially useful in pneumonia, scarlet fever and typhus fever; less advantageous in typhoid fever. In some cases it succeeded after the antipyretics had failed. It was also found to be useful in migraine and neuralgia, and M. Lépine, of Lyons, has found that it relieves the lightning pains of locomotor ataxy. It must, however, be given with extreme caution and the results carefully watched, as it may produce a hæmoglobinuria leading to icterus, and other symptoms of a highly dangerous type. It ought therefore to be reserved for exceptional cases, if used at all.

It may be observed, in conclusion, that this great toxicity of pyrodin is

an instance of parallelism between chemical constitution and physiological properties. Anilin is less toxic than phenylhydrazin, and the acetyl derivative of anilin (acetanilid or antifebrin) is less poisonous than the acetyl derivative of phenylhydrazin (acetylphenylhydrazin = pyrocin):



BACTERIOLOGY OF CHOLERA.

Dr. Neil Macleod, of Shanghai, and Dr. W. J. Miles, working at first in Shanghai, and afterwards in the laboratory of the Royal College of Physicians in Edinburgh, have arrived at results which fully confirm Koch's views as to the pathogenic importance of the "comma bacillus." Dr. Macleod finds that the bacillus is not, as was alleged, a normal inhabitant of the intestinal tract; but that it is invariably present and associated with certain changes in the small intestine in cases of Asiatic cholera. When introduced with precautions to prevent destruction by the secretion of the healthy stomach and to check intestinal peristalsis, cultivations of the bacillus multiplied in the small intestine of guinea pigs, and were associated there with changes similar to those observed in man in Asiatic cholera. The authors considered that, as there are conditions which favor the passage alive of the bacillus through the stomach of the guinea-pig, and also conditions which favor its multiplication in the small intestine of that animal, so in man there cannot be a doubt that the organism finds conditions favorable to its entrance alive through, in all probability, the mouth and the stomach.

A CAUSE OF SPEEDY DEATH IN HEART DISEASE.

Dr. Oliver, of Newcastle-on-Tyne, believes that a not infrequent cause of the rapid termination of cases of heart disease is acute gastritis. He narrated three cases to the Clinical Society. All the patients were men, and in all the

symptoms (gastralgia and vomiting) were very acute, producing death in a few hours or days. He considered that the gastritis was probably produced by reflex from the diseased heart, and stated that the form and degree of the cardiac disease had no direct connection with the severity of the malady. Dr. Thomas Barlow, in the discussion which followed, while admitting that there were often no gastric lesions discoverable after death to account for the uncontrollable vomiting observed in cases of this class, described a case exhibited at the Pathological Society some years ago, in which hæmorrhagic ulcers, one of which had almost perforated, were found in the stomach and duodenum. Dr. Oliver's cases appear to me to be most nearly related to the cases described by the late Dr. Hilton Fagge under the name of acute paralytic distension.

Mr. Henry Morris, who has recorded a case coming on after the administration of chloroform, employed the term acute gastrorrhœa, which is perhaps the best yet suggested. The history of the cases seems to be that there is first copious paralytic accretion of gastric juice, which leads to vomiting; and that this is succeeded by general paralysis of the stomach, the patient dying with the stomach distended by an enormous quantity of greenish fluid. The stomach walls, however, have not lost their elasticity, and as soon as the fluid is run off by incision post mortem, the organ contracts to about its normal size. This fact led Dr. Fagge to treat a case by completely emptying the stomach with the stomach-pump. The patient was relieved, but died a few hours later; the cause of death being a sloughing abscess behind the duodenum, communicating with the bowel. The stomach was found, post mortem, to have "returned to its natural size and form."

CEREBRAL ABSCESS.

Prof. Von Bergmann has recently reported a case of abscess in the temporo-occipital lobes, secondary to otitis, in which, after trephining, he incised the brain twice without finding pus. The third incision hit the abscess, and the patient made a good recovery. He

strongly condemned the practice of thrusting a trocar into the brain to search for pus, and mentioned a case in which he had done this and the patient died unrelieved. Post mortem, it was found that the trocar had only just missed the abscess.

Dr. George Thomson has reported to the Manchester Medical Society a case which is interesting in this connection. The patient was a boy aged 11, who was struck on the right side of the forehead by a cricket-bat in 1887. Subsequently he had frequent frontal headache. On July 20, 1888, he had a severe attack, which became more intense, and on July 26 he had aphasia, which was followed by loss of consciousness with slow pulse. The diagnosis of primary abscess was made, and the trephine was applied at the site of the blow. Pus was not found at the operation, but reached the surface sixty hours later. A good recovery followed, and the boy showed no trace of injury to the brain.

TRAUMATIC EPILEPSY.

A lad aged 19 was shown to the Clinical Society at its last meeting before Christmas, by Mr. John Morgan, who had epileptic fits since sustaining a fracture of the skull four and a half years earlier. The fracture, which occurred two inches above the external angular process of the right parietal bone, was compound and comminuted, and a good deal of bone was lost. He was able to walk home, but there became unconscious, and so remained for three or four weeks. Shortly after recovering consciousness he had his first fit. Since that time the fits had been repeated at gradually decreasing intervals, until just before the operation he had ten or a dozen a day. On July 19 an irregular quadrilateral of bone and an almost equal extent of dura mater were removed. The cicatrix in the dura mater and the adherent portions of the brain were excised. The wound healed well, but the fits recurred three weeks after the operation, and had continued, though less frequent and severe than before.

VENEREAL DISEASE IN THE NAVY.

The extent to which venereal disease prevails in the Royal navy has consid-

erably increased since the suspension of the Contagious Diseases Acts. The percentages of venereal disease to other surgical cases treated at the great naval hospital at Haslar were officially stated by the First Lord of the Admiralty in the House of Commons recently as follows: For the four years prior to the suspension of the Acts—1879, 44.09; 1880, 41.31; 1881, 41.84; 1882, 42.2. For the four years subsequent to the suspension of the Acts—1884, 60.96; 1885, 55.17; 1886, 53.68; 1887, 56.56.

At the time this statement was made, 61 per cent. of the surgical cases in Haslar Hospital were venereal. The Acts have never been repealed; but, owing to a resolution adopted by the House of Commons in 1883, the Government has ceased to enforce them. Mr. Stansfield and the other well-meaning persons who, after years of agitation, attained this abrogation resemble the proverbial ostrich. They believe that venereal disease will cease to deteriorate the men of the army and navy if only the public and the Government will shut their eyes to its presence.

ANTE AURAL ECZEMA.

Dr. E. D. Mapother, formerly of Dublin, but lately of London, has called attention to a peculiar form of chronic eczema which occurs in front of the ear. He has described three cases, all in females (aged 12, 40, 45 years respectively). In each a red, raw, slightly raised surface developed over the skin in front of the tragus. In this situation there are large oil-glands, which apparently have the function, by their copious secretion, of preventing the soakage of the skin by the sweat which runs down from the temple, and is deflected also from the forehead by the eyebrows. The disease, though very chronic, had little likeness to rodent or lupoid ulcers; but presented, both in its general character and appearance, and in its association with large sebaceous glands, a striking resemblance to Paget's disease of the nipple. It had, however, no malignant tendency and yielded to local treatment.

CREMATION AND CANNIBALISM.

Sir Spencer Wells recently delivered an address to the London clergy at Sion College, an ancient foundation which

has recently erected a fine new home for itself on the Thames Embankment. The address was a plea for cremation. The question, he said, was purely a sanitary one. He thought that there was not much difficulty in disposing of the legal and religious objections to cremation; but admitted that those who argued against it from a sentimental point of view had a strong case and gained the sympathies of the public. Still the progress of the reform during the last few years had been comparatively rapid. He thought that most people would soon be brought to see that the destruction of the body after death by fire was better than the decay of the body in coffins or even in the earth; and that in time sentiment would work round until it was on the side of cremation. Urn-burial could be practised to any extent in churches or public buildings in our towns, and we could convert the existing cemeteries, which were a source of such danger to health, into beautiful public gardens, where the people could enjoy pure air, trees and flowers. In the discussion which followed, one reverend gentleman said that no law had ever been passed against cremation, because it was never thought likely that we should wish to burn our fathers and mothers, just as no law had been passed against cannibalism, because no one had ever taken into account the possibility of our desiring to eat them.

ONE CONSEQUENCE OF THE SALT TRUST.

An unexpected result of the salt trust recently formed has come about. For a generation or more, the owners of land, the occupiers of houses and the local authorities of the part of Cheshire which overlies the salt strata have been sorely put to it by the sinking of the solid earth under their feet. This gradual subsidence has led not only to numerous accidents from the collapse of houses, but to the frequent breaking of gas, water and drain pipes, with consequences of an insanitary kind more easily imagined than described. The law afforded no remedy; for the salt is not, as a rule, quarried. It is obtained dissolved in water (25 per cent.) by pumping. Surface water, percolating from all directions through the salt-

beds, dissolved the salt little by little. It was easy to prove damages, but impossible to place the responsibility for any particular cracked pipe or overthrown house on the shoulders of any one particular pump-proprietor. Nero wished that all the Romans had but one head, that he might cut it off. The people of Northwich and Winsford, happier than Nero, now have to deal with only one pump-proprietor—the great salt trust; and the land-owners and sanitary authorities, greatly rejoicing thereat, mean to make another effort to get compensation. So that the old proverb is again illustrated: It is an ill wind that blows nobody any good.

THE HOSPITAL DEFICITS.

It is only in London that the hospitals have any great difficulty in collecting the funds necessary for their maintenance. Corporate feeling or municipal pride, in the other great towns of the country, leads to every deficit, being made up. In London there is no corporate feeling. It is not, properly speaking, a town, not a homogeneous whole; it is a congeries of towns and villages covering a province or county—a huge circle about sixteen miles in diameter. We have a Hospital Sunday Fund and a Hospital Saturday Fund; the last panacea is the Workmen's Penny Fund. Every workman is to be induced to give a penny a week. The sanguine propounder of this scheme is the Secretary of the London Lock Hospital. He calculates that about £105,000 might thus be raised. An excellent letter in the *Times*, by Mr. Burford Rawlings, the Secretary of the National Hospital for the Paralyzed and Epileptic, points out one great difficulty. That is the incapacity of the bodies which now undertake to distribute the Funds already in existence. The Saturday Fund, he says, this year made grants "to 'hospitals' whose very existence is a misfortune; while others are awarded sums out of all proportion to the work done." This is the worst of amateur philanthropy.

THE BRITISH MEDICAL ASSOCIATION AND ITS JOURNAL.

The memorialists, not satisfied with the generally worded expressions of

regret already published, now demand a specific apology to Prof. Von Bergmann, "for the injury he has received by the publication in question"—i. e., the Emperor Frederick's opinion that he had been treated roughly by the Professor. This demand will be discussed at the meeting of the Council of the Association in the middle of January; but the memorialists have again thought fit to publish "resolutions" before they had been considered by the Council, to which they were addressed.

Sir Morell Mackenzie's conduct in the publication of the notorious book on the Emperor's illness will be brought before the Council of the Royal College of Surgeons at its next meeting. He is a member of the College, and the Council thus has the right to reprimand, admonish or expel him. The book certainly deserves condemnation; but the effect produced on the public mind by thus keeping open the scandal is most disastrous. Evidence of this has accumulated since my last letter. The last expression of lay opinion that I have observed occurs at the conclusion of an article on the Emperor's career published in *Blackwood's Magazine* for January, 1889. The authorship of this article it is not difficult to guess. These are the words:

"The babble of tongues about his sick-bed has violated all the sanctities of nature. Had all the doctors been hanged on one rope, it would have been a fit reward for their odious conduct. As if their petty *amour propre* could matter in the face of such a spectacle. Had they desired to bring into more prominent and glorious comparison the example of his royal silence, his all-enduring calm, they could not have taken a better method. It is to be hoped that now, until the time comes for a perfect and impartial history, these voices will be silent, and the spotless name of the Emperor left with all its noble suggestions for the instruction and example of the world."

The remedy suggested is drastic; but in its ironical exaggeration of expression may be detected a tone of contemptuous impatience which is very galling to members of the profession who are in no wise responsible either for the scandal or its perpetuation.

RHUBARB.

It is not generally known that the first European since Marco Polo to see medicinal rhubarb growing was General Prejevalsky, whose death was recently announced. This eminent Russian traveller found *Rheum palmatum* growing luxuriantly on the eastern slopes of the great Tibetan plateau, where the climate is moist. The plant grows best at an elevation of 10,000 feet, preferring the ravines with a rich loamy soil and a northern aspect, where it attained a height of from seven to ten feet.

The sudden death of Dr. W. H. Barlow, of Manchester, best known for his writings on infantile palsies, occurred just before Christmas.

Mr. Timothy Holmes, who retired from his post of Surgeon to St. George's Hospital last summer, was recently presented with a silver bowl by thirty of his former house surgeons.

Hypophosphite of lime is very useful in chronic catarrh of the air passages. It is also of value if taken at the commencement of a "common cold in the head," and occasionally helps to cut it short.

R. Calcii hypophosphatis... gr. x to xv
Spiritus chloroformi... ℥i viij
Tinct. cardamomi... ℥i xij
Aq. camphore... ℥i j
M. Fiat mist. t. d. s.

A glycerine clyster, it is now very generally known, is an extremely convenient, cleanly and apparently harmless method of emptying the rectum. Dr. Kroel, of Hamburg, has improved on the method by using suppositories made of cocoa butter and enclosing the dose of glycerine. Dr. Greenock, of Brighton, finds that a small piece of absorbent cotton soaked in glycerine is as effectual and more simple. Another correspondent of the *British Medical Journal* has found suppositories of glycerine and gelatin effectual, and they are certainly very clean and "elegant."

DAWSON WILLIAMS.

Suppositories of gelatine and glycerine are recommended for constipation. They have been tried here several years ago, and did not succeed; the mass becoming insoluble in a short time.

SOCIETY NOTES.

OBSTETRICAL SOCIETY OF
PHILADELPHIA.*Thursday, January 3d, 1889.*

DR. THOS. M. DRYSDALE in the chair.

DR. H. A. KELLY exhibited the specimen of a

Carcinoma of the Corpus Uteri.

Mrs. F., aged 45 years, married, applied to him in October, 1888, for the relief of persistent uterine hemorrhage. She was the mother of two children, twenty-three and nineteen years ago. Her health was always good until 1886, when the present trouble began, as if her menstruation was appearing too frequently. The discharge soon became constant. The only impression made upon her general condition was a marked anæmic sallow cast of the skin. Aside from this she suffered from an agonizing pain in the right ovarian region. The uterus was anteflexed, very large, measuring $3\frac{3}{4}$ inches in length, choking the pelvis, emitting a sanious, fetid discharge. She was admitted to the Kensington Hospital, and a handful of debris looking like a sloughing fibroid removed by scraping. This proved to be cancerous; and in the presence of Drs. D. Emmett, Vanness and Gramm, assisted by Dr. H. Robb, he removed the uterus by vaginal hysterectomy. On account of the severe pain she had felt since February last, and the impossibility of outlining the structure in the choked pelvis, he feared some infiltration into the broad ligaments, a contra-indication to vaginal hysterectomy. He therefore made a preliminary exploratory abdominal incision, passed his finger in carefully, explored the pelvis, found it free, got his bearings for the subsequent operation, and closed the incision in ten minutes. The operation was done with great difficulty, owing to the great size of the uterus. The worst bleeding came from the incision in the vaginal walls. The tissues above this were tied up in small bundles with silk ligature. He tried to follow the plan advocated by his friend Dr. Dudley of Chicago, of clamping the vessels; but the uterus was too large and he could not introduce his finger and fix the clamps at the same time.

The right side was freed first, the uterus delivered, and the left side pulled without the vagina, and the left broad ligament tied off, and a uterus freed the size of a three months' pregnancy. The vagina was packed with iodoform gauze, which was removed in a few days. The ligatures did not all come away until several weeks had elapsed. Her recovery was interrupted by a variety of curious complications which it would take too much time to describe. It could be noticed that the uterus exhibited the specific difference between cancer of the corpus and of the cervix uteri. When first removed the inner surface of the uterus was covered with a greenish, very stinking slime. The whole mucosa of the body was a mass of polypoid excrescences of variable size. The uterine ends of the tubes were not affected with the disease, nor was the cervix.

OVARIAN SARCOMAS.

Dr. Kelly also exhibited two large sarcomatous ovaries removed from a woman 43 years of age. She had a marked cachectic appearance, suffered with knife pains in the lower abdomen and had had metrorrhagia for sixteen months. He found two large irregular masses in her abdomen, which were obscured by fluid in the peritoneum. The uterus was jammed against the symphysis. At the operation, after tying off a number of omental adhesions to the right mass, it was found to be a soft friable tumor with a sessile attachment involving the whole broad ligament. The tumor broke down and bled profusely upon raising it. The broad ligament was quickly tied off by an interlocking series of interrupted sutures. The lateral wall of the uterus continued to bleed actively, and he had to resort to a device which has saved lives for him on several occasions. The corpus uteri was caught in a pair of bullet forceps and raised forcibly up into view and carried over to the left side, while he passed a stout ligature in the cervical region deep through the uterus with a view of tying the uterine artery. This checked the hemorrhage. The tumor behind the uterus came out in handfuls, leaving a bare left broad ligament which was treated in the same

way as the right, including the ligature to the uterine artery. A drainage tube was left in and the incision closed. Five hours later he was called to see her and found a steady venous flow from the tube, which had saturated all the dressings. He put her under chloroform at once, placed the operating table directly under a side gas-light and cut all the stitches, turned out the intestines and found an active flow from a spot in the right pelvic wall. She made a good recovery as far as the local trouble was concerned, but a mass at the pylorus leaves room for suspicion that the disease in the pelvis was not the only focus. The tumors proved to be soft, round celled sarcomata. This is the second case of sarcomatous disease of the ovaries he has operated upon. The first was a young girl of twelve. Both cases recovered.

DR. WILLIAM ASHTON exhibited a specimen of

OVARIAN SARCOMA.

Mrs. Sarah G., age 35 years, was admitted to the Jefferson Hospital on the 27th of last November. Puberty at 15 years; always regular, except when pregnant, up to two years ago, when her last child was born. At this time noticed a small tumor in hypogastric region and to the right side. During the first year the growth was slow; after which it increased rapidly in size. She had lost a great deal of flesh, and was much emaciated. A diagnosis of ovarian sarcoma was made by Prof. Parvin. Through Dr. Parvin's kindness he operated on the woman a few days later, assisted by Dr. Baldy. The tumor was found to fill the whole abdomen, and was universally adherent. Many of the adhesions had to be tied. When the mass was removed it was found that the whole posterior portion of the bladder and the anterior portion of the uterus, as well as the fundus, had been adherent to it, and these points of adhesion oozed freely. Ligatures and Monsel's solution were used freely and the bleeding stopped. The whole cavity was then thoroughly irrigated with warm water and the incision closed, with drainage. She died in six hours of shock. An examination of the specimen by Dr. Coplin shows it to be a

spindle celled sarcoma, with points of beginning degeneration and some points of slight hemorrhage.

OVARIAN CYST.

DR. WM. S. STEWART exhibited the cyst of an ovarian tumor, weighing 84 pounds.

The operation was performed upon Mrs. —, age 61 years. General health good; no marked emaciation; abdomen enormously distended; facies ovariana very perceptible. He made an incision about two inches in length; the sac was emptied rapidly by a large trocar; found general adhesions to the anterior abdominal walls. These were separated by a rapid sponging off, a means which has proved of advantage in preventing hemorrhage and traumatism. The cyst was delivered as the adhesions were sponged off. Operation lasted forty minutes. No irrigation; no protrusion of bowels or omentum; slight oozing; glass drainage tube; only five stitches needed to close incision; weight of sac and contents was eighty-four pounds. He was assisted by Drs. Joseph Price, W. H. Kirk and Dill. Having seen the patient on the three succeeding days, he found everything progressing favorably. Temperature, normal; pulse, 84; respirations, 22; oozing about ceased; drainage-tube removed to-day.

DR. J. PRICE read for Dr. R. Stansbury Sutton, of Pittsburg, the following:

CONGENITAL DEFORMITY.

Miss A. P., aged 20. Never menstruated; has severe pain in lumbar region, abdomen and head every month, but no flow. Vagina short; cervix uteri not felt anywhere; no uterus discoverable by bi-manual palpation through the rectum; often vomits; is unfit for work; is melancholy. Laparotomy, Dec. 10, 1888. Uterus unilateral; one horn, half inch long, as thick as the first joint of the little finger. On the left side uterus is not developed; no ligamenta lata, no tube, no ovary. On right side small ligament lata; large tube and full sized ovary, with two distended egg cells on surface. Ovary and tube removed close to cornea of the one-half uterus. The external genitalia were fully developed; the vagina about one-half ordinary depth, and blind at upper end. A note from Dr. Sutton, dated January 1, says: Miss P.

has gone home well; all of her morbid symptoms, mental in character, are gone. He adds that he has had thirty-four consecutive ovarian operations, with one death; and twenty-seven sections for all kinds done with one death. All hospital work.

DR. C. P. NOBLE read

A NEW METHOD OF DIAGNOSIS IN OBSCURE CASES OF ENTERO-VESICAL FISTULA.

He had been recently asked by Dr. C. M. Wilson to see a patient supposed to be suffering from fistula. It was not his purpose to report the case in full. Briefly, the woman had what is called an ischio-rectal abscess about five years before. Sometime after this abscess had discharged, she stated that she began to pass wind and small pieces of fecal matter *per urethram*, at irregular intervals. No symptoms of bladder irritation existed. An extensive cicatrix following ulceration produced by a pessary, is present in the vagina. It extends along both sides of the vagina and across the posterior fornix (behind the cervix). In view of the absence of bladder irritation and the well-known haziness of the knowledge of anatomy possessed by the laity, it was thought likely that if the fistula did exist it was a recto-vaginal fistula. A careful examination under anæsthesia by touch and sight made by Drs. Wilson, Hawley, himself and others, failed to demonstrate the existence of any fistula communicating with the vagina. But two conclusions could be drawn: Either the woman was right or else she was a malingerer. The latter seemed probable from what was known of her. It was suggested that a careful and extended study of the urine, made with the microscope, might determine the diagnosis—particles of vegetable fibre, or seed of small fruits, might be found. This plan involved much labor and time. It occurred to him that the hydrogen gas test would settle the matter quickly and positively. It was suggested that it be employed. This recommendation was accepted and followed the next day. Dr. Wilson forced the gas into the rectum and lighted the gas at the end of a catheter, introduced into the bladder. Dr. N. was unable to be present at the time, but Dr. Wil-

son told him that no gurgling sound was heard (caused by the gas passing the ileo-coecal valve), hence it seems plain that the communication exists between the bladder and large intestine. Dr. Noble offered this as a new and valuable method of diagnosis in obscure cases of entero-vesical fistula; or, if you choose, a new application of Senn's hydrogen gas test.

DR. C. M. WILSON reported a case of

LACK OF DEVELOPMENT OF THE FINGERS AND TOES IN A CHILD DELIVERED AT TERM.

The mother of the child applied for admission to the Philadelphia Lying-in Charity, November 29th, 1888. Upon examination she was found to be in active labor, and was immediately admitted to the lying-in ward. The membrane had ruptured, the amniotic fluid had escaped, and dilatation was nearly completed. The labor terminated naturally and with great rapidity, the second stage lasting but one hour. The woman was a primipara, married, a native of Philadelphia, and a house maid by occupation; age 25 years. She stated that she had experienced no fright or trouble during her pregnancy. She gave a very clear account of the members of her own and of her husband's family, and stated that no deformity had existed on either side for at least two generations. She made a rapid and normal convalescence from her delivery. The child weighed eight pounds, was fully developed, with the exception of the deformity noted. The deformity consists in a lack of development of the majority of the phalangeal joints of the fingers of both hands and of both feet; in the absence of the nails upon nearly every finger and toe and in the web-like folds of skin connecting several of the fingers of either hand together. The appearance of the constricting band on the right great toe would seem to give color to the idea that possibly the deformity was due to intra-uterine amputation. The fact that some of the finger-tips sloughed off after birth would seem to strengthen this supposition. He believed, however, that the deformity was due to lack of development. No history of syphilis

on the part of either parent could be obtained.

ANNULAR HYMEN.

DR. J. C. DA COSTA did not think that "annular hymen" was so very rare. He had seen some cases, and among them one that was very marked. The woman had been married some two years, had been pregnant and had aborted at four or five months. Coitus was excessively painful, both to the husband and to the wife, and in the wife was frequently followed by attacks resembling epilepsy. The hymen was "annular," smooth, unbroken and elastic; grasping the finger when introduced like a firm rubber ring. Cutting the hymen cured all the trouble both of husband and wife.

DR. KELLY remarked that the condition of the hymen was a subject of much interest, about which many erroneous views prevailed. It was by no means uniformly ruptured by coitus. In other cases coitus alone was as capable as numerous pregnancies, in obliterating all traces of the hymen. He had made many observations and careful drawings of a number of cases, which showed a definite relation between a certain condition of the hymen and the severity of a preceding labor; that is where the vaginal outlet has been broken down with extensive laceration, the hymen remained *intact* except at the split posteriorly, being saved by the vaginal tear. On the contrary, the surest way of thoroughly destroying the integrity of the hymen was the equable all around dilatation of a *normal* labor. In a forceps case examined some months after labor, the hymen, elsewhere intact, was as cleanly cut into halves as a lacerated cervix. It is unquestionably, as Budin has shown, the pointing terminus of the vaginal canal.

PELVIC HEMATOCELE.

DR. HIRST finally read the following: M. M., aged 39, widow; has had four children; youngest 6 years old. Six weeks ago the patient attempted to lift a heavy weight and was immediately seized with sharp pains in the left groin. This occurred just at the commencement of a menstrual flow, which was

unusually profuse and painful. The bleeding had in fact continued until the present time (Nov. 8). On this day the woman came by a rather long horse car journey to the Philadelphia Hospital to visit her daughter, a patient in the wards; in the hospital she was suddenly seized with great pain and sank to the ground from weakness. She was carried to the medical wards, where an examination showed some form of pelvic or abdominal tumor. She was consequently transferred to the gynecological floor. A vaginal examination showed a mass of considerable extent to the left of the uterus and apparently a cystic tumor in Douglas's pouch. Laparotomy was done the next morning. As soon as the peritoneum was cut through, there rolled out of the opening a large quantity of dark colored blood. The incision was enlarged, the intestines turned out and wrapped in a warm towel, a pint or more of blood sponged out and a careful examination made by inspection and touch. The left broad ligament was distended by a tumor made up, as far as he could tell, of clotted blood; near the uterus there was a ragged opening into which he could put the tip of his little finger. During the half hour the abdomen remained open there was no hemorrhage from this spot, and had evidently been none recently, for there was no fresh blood in the abdominal cavity. His diagnosis, naturally enough, was ruptured tubal pregnancy. As the embryo, if one existed, was too small to give future trouble and would be absorbed, he simply cleaned the abdominal cavity, picked adherent clots off the intestines and closed the wound without drainage. The convalescence was entirely favorable. He has been inclined since to alter the diagnosis. The woman, on close questioning, absolutely denied the possibility of impregnation. This fact, together with the history of great muscular effort at the beginning of a menstrual period and the subsequent behaviour of the patient, would naturally suggest the possibility of a rupture of a blood vessel in the broad ligament. The acute attack of pain and weakness two days before the operation might be explained by a rupture of the peritoneal covering of the effused blood

with an escape of clots and a fresh hemorrhage into the peritoneal cavity.

The following officers were then elected: President, Theophilus Parvin, M.D.; Vice-Presidents, W. H. H. Githens, M.D., and J. C. Da Costa, M.D.; Secretary, J. M. Baldy, M. D.; Treasurer, Alfred Whelin, M. D.

J. M. BALDY,
Secretary.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is by means of a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

TREATMENT WANTED.

Editor MEDICAL TIMES:

Will you kindly give me the proper treatment for the following case:

Male, W. D., aged 40 years, has had gonorrhœa twice; first attack twenty years ago; second, nine years; became protracted both times; a gleet discharge following the last attack for several months. About two years ago patient noticed the stream of urine was considerably diminished. Examination revealed stricture one inch from meatus; could hardly pass No. 9 (American) sound; stricture was treated by electrolysis, three treatments; after which a No. 24 (French) sound would readily pass, and the case seemed entirely cured. About one year ago patient noticed the force of stream somewhat diminished. This symptom has been persistent; at present passage of sound reveals tenderness in location of stricture; sometimes has pain in urinating. Has to get up once or twice at night, some tenderness, and I think some enlargement of prostate, yet will not be positive of this last; but prostate is extremely sensitive to pressure. There has been constant desire to go to stool, but the case has been complicated with internal piles, the relief of which has nearly overcome this last symptom. I

nearly forgot to mention that sometimes after passing the sound a few drops of blood would ooze from the meatus. I have considered this a case of granular urethra. The treatment has been acetate potas. or triticum repens internally. Local treatment has been passage of sound covered with iodoform or oxide of zinc ointment. While the case has improved some under this medication, I will be thankful for anything that will cure more rapidly.

C. SMITH.

[Try ichthyol in antrophors or soluble bougies.]

WHERE TO SEND RHEUMATIC CASES.

Editor MEDICAL TIMES:

I take the liberty of addressing you to ask some advice in regard to a location in either Virginia or Georgia, for a patient affected with rheumatism. If you can advise me in regard to several localities you will confer a great favor. The patient is a young woman, telegraph operator, and will ask for a transfer of offices if a favorable location can be found where she would have baths, etc. I have written to the physicians in Pennsylvania, of whom mention was made in the MEDICAL TIMES some weeks since. She cannot afford to make the change unless there is some probability of her being benefitted.

ABBY M. ADAMS, M.D.

La Crosse, Wis.

[Will our readers please answer?]

THE OPIUM HABIT.

Editor MEDICAL TIMES:

I have made use of your suggestions. (See TIMES, Dec. 15, p. 249).

Bismuth controls the excessive action of the bowels very nicely, except when capsicum is used in hot beef tea. The stomach appears very irritable and stimulants cause the bowels to start off again, increasing the mucous stools. I stopped the capsicum, ordering the beef tea unseasoned. The patient will some nights obtain from four to six hours sleep, but awakens easily, and often cannot go to sleep again.

There is irregular action of the heart; sometimes the face is pale and at other times it is flushed (no doubt from sympathetic disturbance).

There occurs also, at irregular intervals, trembling, especially of the arms. This comes on and disappears quickly; exertion or mental excitement aggravates it and causes continual ringing in the head. The patient is becoming hungry; says he desires food.

If he can rest, well at night he feels much brighter and stronger the following morning. He has occasional nausea, his head feeling heavy, with a dull frontal pain on awakening from sleep. Flatulence troubles him, especially at night.

I find it very slow work, the system failing to react as it does in many other conditions.

E. W.

A QUESTION OF CUSTOM.

Editor MEDICAL TIMES:

What is the prevailing custom among physicians employed in insane hospitals belonging to the State, and located in towns or cities, regarding visiting and prescribing for outside patients, charging the usual fee for writing prescriptions and visits, and collecting for the same? Also, please state whether, in your opinion, it is proper and right for them to charge for their services, being on a stated salary.

Weston, W. Va. GEO. B. SIMPSON.

[We have never known of the officers of a State asylum accepting outside practice. Laborers are employed by the day, and, when their daily work is done, are free to use their surplus time as they please. But asylum physicians are not so employed, nor is there anything in their contracts to limit their service to certain hours. If they have time to devote to outside practice, the State is evidently employing too many of them, and had better drop the supernumeraries from her pay-roll.—W. F. W.]

VESICAL CALCULUS.

Editor MEDICAL TIMES:

You will remember that my patient (MEDICAL TIMES, No. 547, page 215) is about 70 years old, rather stout, pretty well preserved, etc. For several weeks after I wrote you she continued to have the pain in left iliac region, running down into the bladder, and radiating down the inside of the thigh. These pains came on usually about 11 o'clock A. M., and lasted for several hours, being only partially controlled by hypodermic doses of morphine, half grain once to twice a day. The last few days, before relief came, which has now

lasted about two weeks, she shook as if affected with a hard ague. In fact, every muscle in her body was convulsed, the larger muscles shaking like a pot of jelly, until partially relieved by morphine. Since then, two weeks, she has only suffered from soreness in the back, kidneys, perhaps, and considerable nausea. During the last week of her great suffering she was at times more or less delirious, and presented other signs of uremic poisoning. Whilst suffering so intensely, large quantities of mucus streaked with blood were thrown off with the urine. Since relief from severe pain the water has assumed a more healthy condition, specific gravity being 10.22. No albumen; alkaline, and still contains a good deal of the earthy phosphates.

I have not explored the bladder for stone since she became easy, fearing that in her weakened condition it might cause some additional irritation, and aggravate the symptoms. At your suggestion I explored for stone in the bladder, but found nothing. I also washed out the bladder several times with a weak solution of witch hazel, F. E.; also with a four per cent. solution of cocaine, with belladonna. This was before the cessation of pain, though it did not appear to have any effect. It is now something over a year since the beginning of the attack, and if you have not forgotten, you will remember that in my former letter I stated that she did not call a physician for some ten months after, believing that she had an incurable cancer of the womb.

I have have had her on bicarb. potash and citrate potash, alternately, for the past month, in conjunction with ext. pichi and ext. damiana, equal parts, 2½ gr., each, with ½ gr. hyoscyamus, three times a day in capsules. Also, papoid, gr. 3, bismuth sub. gr. 3, in capsule, after each meal. Used iron, Vallet's mass 2 gr. with 1 gr. quinine three times a day for awhile, but it did not agree with her stomach, and I dropped it and gave the quinine straight.

In conclusion I will add that she is now quite weak, appetite bad, suffers from nausea, especially in the mornings. passes about one and a half pints of water, or one to one and a half pints

every 24 hours, which is tolerably free from mucus, pretty clear when first passed, but upon cooling, throws down quite a lot of earthy phosphates, which appears as a thick cloud at the bottom, the lower layer being of a light chestnut brown, and the upper a very light pink. This all disappears when the urine is boiled, leaving perhaps a trace of albumen. A drop or two of nitric acid in the heated urine causes a brisk effervescence and leaves it a rather deep brown color.

I hope that the calculus has finally made its way into the bladder, as the sudden cessation of the long continued pain would indicate, yet, I may be mistaken, as I have no positive proof of its arrival in that organ.

Since writing the above (within the past hour), I have received a call from Mrs. L. to come in haste, as she was suffering great pain. Upon my arrival at her bedside, I found that she was, indeed, in great agony. Her pain, which had come on an hour or so before my arrival, was as near as I could locate it, about or near where the left ureter enters the bladder, and in the bladder also. The nature of the pain was the same that she has been suffering, but more in the bladder than heretofore. I shall again explore for stone at the earliest opportunity.

Troy, Mo.

J. A. WARD.

[In a case of renal calculus we recently obtained unexpected relief from the use of salol; five grains four times daily.]

REVIEWS AND BOOK NOTICES.

STUDIES IN PATHOLOGICAL ANATOMY.

By Francis Delafield, M. D. Vol. II, Part 3. Acute Bright's Disease. Plates XL-LXXXII. November, 1888. New York, William Wood & Co. Price, \$3.50.

Twenty-eight pages of descriptive text accompany the plates. The author divides acute Bright's disease into three classes, namely: Acute exudative nephritis, acute degeneration of the kidney, acute diffuse nephritis. Of the first he distinguishes three forms: A mild one, leaving no lesions after death; a severer form, leaving inflammatory

changes, and a form characterized by the excessive production of pus cells.

Of the plates, Nos. XL to L are from normal kidneys; LI to LIV illustrate acute exudative nephritis; LV, casts of same form; LVI and LVII, excess of pus cells; LVIII to LXIV, forms from septic fevers, showing changes in the glomeruli; LXV to LXXV, acute degeneration in various diseases and in poisoning; LXXVI to LXXXII, acute diffuse nephritis.

We cannot avoid expressing our surprise that the author and publisher of this valuable work should allow it to go to press with such a blunder as the tautology at the top of the pages.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

By John J. Reese, M. D. Second edition, revised and enlarged. Philadelphia, P. Blakiston, Son & Co. 1889. Price, \$3.00, cloth, pp. 646.

This edition has been carefully revised, much of it rewritten and brought up to the present day. The most important additions are in the chapters on blood stains, suffocation, ptomaines, and malpractice, and in the department of toxicology. The work is written as a text-book for students, and fully meets the requirements of that class.

THE PATHOLOGY, DIAGNOSIS AND

TREATMENT OF THE DISEASES OF

WOMEN. By Graily Hewitt, M. D.

London, etc. New American, from the fourth London edition. With 236 illustrations. Edited, with notes and additions, by H. Marion Sims, M. D. New York, E. B. Treat. 3 volumes, each \$2.75.

The book has some points of peculiar interest. It insists on better nutrition; it advocates the mechanical pathology of some forms of uterine disease, but not of all; thus avoiding the Scylla and Charybdis upon which so many gynecologists come to grief. It gives us a rational theory of the vomiting of pregnancy, looking upon it as a reflex neurosis, caused by some mechanical uterine disorder, which should be detected and remedied. Really, this has a ring of common sense about it, which is quite refreshing after the empiric drugging which so often takes the place of observation and thought.

The illustrations of uterine displacements and their correction by pessaries are unusually clear and distinct; many of those representing the uterus being of life size.

The Archives de Physiologie, Normale et Pathologique, comes to us as a bulky volume of 368 pages. It is the successor of the *Journal de la Physiologie* founded in 1858, by Brown-Séquard, and since carried on by him with Charcot and Vulpian. The abundance and diversity of the materials, the recent development of anatomo-pathology and the growing importance of microbiology, have determined the creation of a new scientific organ devoted to the latter two subjects. M. Charcot takes charge of these, while M. Brown-Séquard continues to preside over the present Archives, assisted by MM. Dastre and François Franck.

Among the original papers in the present volume we note as of special interest, one by Brown-Séquard upon Inhibition, its field in physiology, pathology and therapeutics; one on partial innervation of the muscles, by Chauveau; on the influence of the ocular muscles upon the shape of the cornea, by Leroy; and on the relations between the form of electric excitation and the neuro muscular reaction, by d'Arsonval.

Besides eighteen original papers the volume contains a historical and critical resumé of recent discoveries and doctrines, a bibliographical section and an analysis of recent English, German, Italian, Belgian and French periodicals.

DOSE AND PRICE LABELS of all the Drugs and Preparations of the U. S. P. of 1880; with many Unofficial Articles; with an Appendix of New Remedies. For the use of Pharmacists, Physicians and students. By C. L. LOCHMAN. Third Edition, Revised and Enlarged. Phila.: Dunlap & Clarke, 1889. Paper, \$1.25; cloth, \$1.50.

Mr. Lochman is the translator of the German Pharmacopœia, and has contributed other work of value to the profession of pharmacy. His book of labels has now reached its third edition, which insures the correction of any errors which might have appeared in the first edition, allows for the newer

additions to our resources, and testifies to the popularity of the work.

CHEMICAL LECTURE NOTES, by Peter T. Austen, Ph. D., F. C. S., etc. New York: John Wiley & Sons.

The author states that this is a collection of notes on topics which, as his experience as a teacher has shown him, often give the student trouble. While it does not profess to be in any way a complete work on chemistry, or even to cover the whole ground, it is a pretty good little book, and contains a good many useful hints. For that reason it is a pity the author did not make it more comprehensive and systematic.

THE PHYSICIAN'S HAND BOOK FOR 1889. By W. & A. D. Elmer. N. Y.: W. A. Townsend Publishing Co., 1889.

The authors claim that this is the most complete pocket reference-book and diary in existence. An annual which has reached its 32d year of publication ought to be of value, or if not, the profession is very slow in finding it out. The tables are quite extensive and valuable; but the list of remedial agents is woefully deficient; not even including antipyrin or antifebrin, to say nothing of phenacetine or sulphonal.

PAMPHLETS.

Report of the Surgeon-General of the Army. Washington, D. C., 1888.

Sixth Biennial Report of the Illinois Eastern Hospital for the Insane, 1888.

Science in Medicine. By Horace N. Mateer, M.D. Wooster, Ohio.

Pulmonary Consumption Considered as a Neurosis. By Thomas J. Mays, M.D., Philadelphia.

Nervous Affections Following Injury. Pos-Hemiplegic Disturbances of Motion in Children. By Philip Coombs Knapp, M.D. Boston, Mass.

PHENACETINE—BAYER. The New Antipyretic and Antineuralgic, etc., etc. W. H. Schieffelin & Co., N. Y.

DISEASES OF THE NOSE AND PHARYNX AND THEIR TREATMENT. By W. CHRISTIAN, M.D. Louisville, Ky.

TWO CASES OF GUN-SHOT WOUNDS OF THE ABDOMEN, illustrating the use of Rec-

tal Insufflation with Hydrogen Gas as a Diagnostic Measure.

INFLATION OF THE STOMACH WITH HYDROGEN GAS IN THE DIAGNOSIS OF WOUNDS AND PERFORATIONS OF THIS ORGAN, etc., etc. N. SENN, M.D., Ph. D. Milwaukee.

EXPLORATION, TREPHINING AND PUNCTURE OF THE BRAIN, almost to the Lateral Ventricle, with description of a proposed operation. W. W. KEEN, M.D., Philadelphia.

THE PHILOSOPHY OF MEMORY. By D. T. SMITH, M.D. Louisville: John P. Morton & Co.

"Thirty-eighth Annual Report of the State Lunatic Hospital," Harrisburg, Penna.

"Twenty-fourth Report of City Hospital," Boston.

"Preliminary Report of an Operation for the Formation of an Artificial Pupil through the Sclerotic Coat of the Eye-ball." By George Strawbridge, M.D., Philadelphia.

EXPERIMENTAL RESEARCHES RESPECTING THE RELATION OF DRESS TO PELVIC DISEASES OF WOMEN. By J. H. Kellogg, M.D.

PLACENTAL DEVELOPMENT. The Histology and Surgical Treatment of Uterine Myoma. The Climate of the Southern Appalachians. By Henry O. Marey, M. D., Boston, U.S.A.

DISEASES OF THE NOSE AND PHARYNX: Their Treatment. By W. Cheatham, M.D., Louisville, Ky.

ALPINE WINTER IN ITS MEDICAL ASPECTS: with notes on Davos Platz, Wiesen, St. Moritz and the Maloja. By A. Tucker Wise, London: J. & A. Churchill, 1888.

This edition contains the matter previously published in the Alpine Climate Series, with extracts from other papers by the author. In addition to the portrayal of the advantages of these resorts, the author has not forgotten to speak of the "draw-backs" which so materially alter the conditions.

TRANSACTIONS OF THE AMERICAN OTOLOGICAL SOCIETY.—Twenty-first Annual Meeting, New London, Conn. Published by the Society.

DIGEST OF THE MORE IMPORTANT PUBLICATIONS ON SULFONAL-BAYER. The New Hypnotic. W. H. Schieffelin & Co., N. Y.

ABSTRACTS.

TREATMENT OF XANTHOMA PALPEBRARUM.

DR. E. STERN, of Mannheim, recommends the application of 10 per cent. corrosive sublimate dissolved in solution to the parts. A gray excoriation forms on the following day, which falls off and soon heals over. Under this action the color of the xanthoma disappears, and the same natural fleshlike tone of color as the neighboring parts appears. — *Berliner Klinische Wochenschrift*.

ON THE USE OF CREOLIN IN EYE DISEASE.

DR. RICHARD GRUNHUT, in the *Prag. Med. Wochensch.*, 39-88, reports that after a long trial with creolin in one per cent. emulsion and in one per cent. ointment of vaseline, for the different affections of the lid, conjunctivæ, cornea and lachrymal apparatus, has concluded that this remedy does not deserve the reputation that has been given to it, and in the treatment of these diseases is not to replace the other well known disinfectants and astringents. An important objection to the use of creolin is the great pain and burning it creates, which lasts for some time after it has been put into the eye. Really it is so painful that it is difficult to get patients to permit a second use of it without the previous instillation of cocaine. As iritis is a dangerous complication in all forms of keratitis, creolin is contraindicated on account of the severe irritation it creates. He found creolin ointment did very well in cases of blepharitis where there was great excoriation with secretions, on account of its astringent properties, as well as antiseptic qualities, but still he says that it is no better than the Pagenstecher ointment of yellow oxide of mercury. In simple catarrhal conjunctivitis he did not find it as serviceable as the nitrate of silver solutions. He thinks that creolin plays but a very low role in the treatment of diseases of the eye. — *Deutsche Medicinal Zeitung*.

AURAL FURUNCLES.

LOEWENBERG recommends the use of a saturated alcoholic solution of boracic acid, which is allowed to remain five to ten minutes, and is repeated as often as is deemed necessary. In cases of women who are annoyed by these boils at the menstrual epochs, the same solution may be used for a week previously as a prophylactic.

MELASMA.

DELL' ORTO (*N. O. Med. & Surg. Jour.*) relates a case in which a midwife rubbed laudanum upon the abdomen of a parturient woman, and the skin at once turned black and became the seat of great pain. There was no ulceration, nor external sign of injury. The color gradually faded, disappearing at the end of a week.

GLYCERINE ENEMATA.

RICE (*Practitioner*) relates several cases of diarrhoea and rectal prolapse, occurring separately or together, in which great benefit resulted from the use of small glycerine enemata.

In two cases of pneumonia, the diarrhoea, which threatened to prove fatal, was promptly checked by the same means. All the cases quoted were of children four to seven years of age.

OPIUM POISONING.

GIBSON (*Practitioner*) sharply criticizes the method of treating opium narcotism by walking and flagellation, as tending only to exhaust the patient's vitality. Alcohol also aids the action of narcotics.

He recommends keeping the patient lying down; and if there be the least sign of irregularity or shallowness or inequality of breathing, he injects hypodermically $\frac{1}{100}$ to $\frac{1}{50}$ grain of strychnine, repeated hourly, as needed. If the respiration still becomes feeble or ceases, he employs Sylvester's method of artificial respiration, until the heart has ceased to beat for half an hour or the patient is restored. Strychnine may be aided by ammonia or ether, or, if there be spasm of the arterioles, by nitrite of amyl.

ELECTROLYSIS IN ENLARGED PROSTATE.

Electrolysis, while applicable to all strictures of the urethra, is of perma-

nent benefit in many of the morbid alterations of the prostate. It has an anæsthetising influence upon the terminal nerves at the point of application; it aids in overcoming spasmodic stricture of the prostatic urethra, in early relaxation of spasm by muscular exhaustion following the continued overstimulation; it seals the distention and relaxation by natural reproductive processes; it excites absorption and relieves the patient.—DAVIS, in *Medical Register*.

PERCEVAL (*Lancet*) reports 24 cases of laryngismus stridulus treated by antipyrin (two grains every two hours) with great success.

For dysentery, enemas, one drachm of alum to a pint of cold water, p. r. n.—WEATHERBY, in *K. C. Med. Record*.

An interesting series of observations has been made at the Medico-Chirurgical Hospital, with the view of determining which of the antipyretics in common use gives the most equable temperature in chronic pneumonic phthisis.

THE NEW BUILDING OF THE MEDICO-CHIRURGICAL AND PHILADELPHIA DENTAL COLLEGES.

On January 27 the new college was opened with simple but impressive ceremonies. The great clinical amphitheatre was crowded with visitors; while an overflow meeting of those who were unable to obtain entrance was held in another room. Rev. Dr. Hemphill opened the exercises by reading the parable of the Good Samaritan. This was followed by a prayer by the Rev. Dr. Dickey. The architect, Dr. Flagg, then made a brief address, presenting the building to the trustees. He spoke in warm terms of the support given him by his colleagues of the building committee, Drs. Dorr, Shoemaker and Montgomery. The latter, finding Dr. Flagg so deeply interested in the work that he gave his whole time to it, generously resigned to him the salary (\$1000) voted as his compensation. This sum, however, as well as the same amount voted to himself, Professor Flagg expended upon the building in luxuries and comforts which were not included in the estimates.

Dr. Garretson was then compelled to face the difficulty of calling upon the Presidents of the two colleges to respond. Which should be called first? He transferred the problem to the two officials by introducing Ex-Governor Pollock and Professor Pancoast collectively. Then ensued a very amusing scene, as each endeavored ineffectually to compel the other to precede him, while the house fairly shook with the thunders of applause and roars of laughter. Superior strength prevailed, and the Governor was urged to his feet. But he showed that age has not as yet abated the keenness of his intellect, and that he was fully equal to the situation. He remarked: "Gentlemen, it is with pleasure I now introduce to you my distinguished colleague, Professor Pancoast," and sat down amid redoubled cheers.

Dr. Pancoast thereupon made one of his best speeches, ringing with that captivating enthusiasm which characterizes him. He presented Dr. Flagg \$500 from the two colleges, not as in any way repaying him for his great services, but simply as a mark of affectionate esteem. He also presented Dr. Flagg with a gold-headed cane, a souvenir from the medical faculty. The walls of the room also showed a portrait of Dr. Flagg, presented by the students of the dental college.

On behalf of the dental college, Governor Pollock then gave one of his neat little addresses. The Governor has the happy faculty of saying the right thing in the right way.

Colonel McClure then gave the dedication address in his happiest vein. Men who have heard the eloquent orator for many years freely expressed the opinion that this was the finest address he has ever given.

We regret very much that we are unable to lay this address before our readers; but we understand that it was impromptu. The Colonel spoke of the need for a high standard in medicine, and adverted to the fact that this college had begun at the top. He did not believe that legislation could elevate the standard, as the stream cannot rise higher than the source.

Mr. Dearden, General Gobin and Mr. Riter followed with brief and pleasant

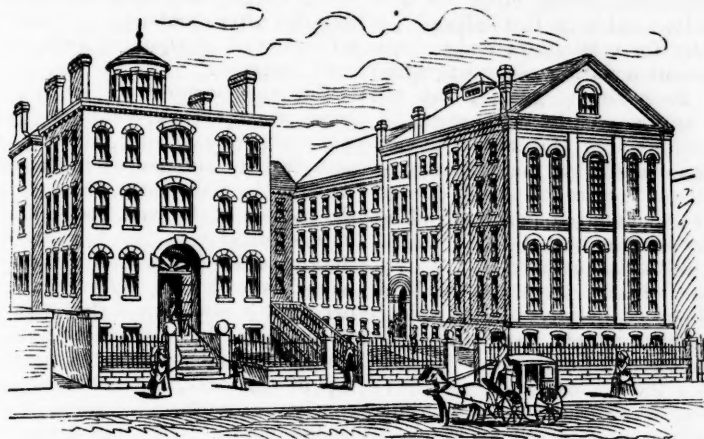
speeches. Dr. Newman simply wished the new college "good luck," a sentiment in which all present heartily joined. Dr. Dickey then pronounced the benediction.

Among the visitors we noticed Director Wagner, Mr. Frank Siddall, Mr. D. T. Pratt, Judge Waugh, Drs. Kirk of Doylestown, Richards of Fallsington, Cooper of Montgomery county, Altman, Levick, Flick, Captain Clay, Mr. Hickman of Chester County, Rev. Dr. Wiley, and many others.

In his address, Professor Pancoast paid a glowing tribute to the ladies of the Board of Managers, who have made the hospital celebrated throughout the State for the home comforts with which the patients are surrounded. He also spoke of the latest accretion to the closely allied group of institutions which is making this quarter of the city a great educational centre. The Polytechnic College has purchased property adjoining that of the other colleges, and its management is in harmony with them. Between the Polytechnic, the Philadelphia Dental and Medico-Chirurgical Colleges, and the Hospital, there is held a very valuable property, in real estate and material; sufficient to dissipate at once all thought of a lack of permanency in these institutions. There is a terse but truthful saying, "money talks;" and an investment of over \$200,000 indicates the belief of the founders that the future of this great educational combination is secured. The union of these various elements may also presage the course of future development, which point to their consolidation into a new university.

This new college building is located on Cherry Street, between Seventeenth and Eighteenth Streets, and is a substantial structure of fifty feet front by one hundred and fifty feet in depth, with a varying elevation of from fifty to seventy-five feet.

The building is of brick, with iron cornice, and its plain symmetry, with but slight attempt at architectural adornment, indicates that solidity and utility held prominent place in the intent of the design, while the varied needs of the extended educational work for which it has been constructed were



NEW COLLEGE BUILDING.

ever foremost in the minds of its projectors.

In its rear it joins with the buildings occupied by the Medico-Chirurgical and Oral Hospitals, thus affording complete opportunity for practical instruction in medical, surgical, and dental diseases.

Upon entering through the high arched doorway, the impression given by the hall is very pleasing; the design is decidedly unique, and is a happy combination of richness with simplicity. It is effective, and yet so in harmony with ideal educational surroundings as to be eminently satisfactory.

The walnut newels, balusters and hand-rails contrast agreeably with the yellow pine finish of the stairs and panelled wainscoting of the vestibule, halls and stairways, and a result has been attained upon which the designer and superintendent of construction (Prof. J. Foster Flagg, D. D. S.) may well be complimented.

The building contains three large lecture rooms, capable of accommodating graded classes of over seven hundred students.

These rooms are well lighted and ventilated, and are furnished with folding opera chairs of novel pattern, with the view to ensuring more than ordinarily satisfactory sitting. This feature can best be appreciated by those who have sat through three long terms on hard benches. In all the arrangements of the building the comfort of the students has been evidently considered. A fine, elegantly lighted and ventilated

dissecting room is so arranged as to afford every facility for work in its direction. Its roof is fairly glazed with sky-lights, and it is floored with the best Neufchatel asphaltum cement.

The museum is a "gem" in its way; the beautiful cases are well worthy of the extensive and complete combined collections of the two colleges, which, enriched by the rare and valuable anatomical and surgical contributions of the distinguished Profs. Joseph and William H. Pancoast, form an inexhaustible resource from which to draw illustrative material for anatomical, physiological, histological, pathological, surgical, medical, dental, chemical and philosophical demonstrations.

The chemical laboratory is large, well furnished, and abundantly supplied with all modern appliances for instruction in this most useful, and indeed, fundamental department of scientific education.

The histological laboratory is a large, well-lighted apartment, fitted with fifty microscopes.

The operative and mechanical clinic rooms of the Philadelphia Dental College, which have been largely increased in size and completeness by the additions afforded in the new building, are now, by far, *the finest in the world*.

The mechanical laboratory is furnished with benches for accommodating, separately, more than three hundred students, and with all the necessary adjuncts for practical work in response to professional demand.

The operative dental clinic room is one hundred and sixty feet in length; is lighted by forty windows and is capable of accommodating sixty operating chairs. It is simply grand; and can only be appreciated by being seen.

The culminating feature of this new building is the clinical amphitheatre; a beautiful audience room capable of seating over five hundred persons, and believed to be the best lighted amphitheatre of its kind ever built.

In this will be given the medical, surgical and oral clinics of the two colleges—clinics which have already a world-wide reputation.

Besides the rooms mentioned, there are twenty-seven others in the building, which afford ample space for the business offices, professors' private rooms, bandaging and preparatory dissecting rooms, "material" rooms, janitor's room, three toilet rooms for gentlemen and one for ladies, and last, but by no means least, a large "class room" for mental and physical gymnastics.

We thus have the pleasure of congratulating the Medico-Chirurgical and Philadelphia Dental Colleges upon the enjoyment of their improved facilities, and of heralding the advent of another important factor toward the continued maintenance of the reputation of Philadelphia as the great center of medical and dental education in America.

REPORT OF EXPERIMENTS ON THE USE OF PHOSPHORUS AS A DISINFECTANT; MADE AT THE LABORATORY OF THE UNITED STATES MARINE-HOSPITAL AT THE PORT OF NEW YORK.

SIR: I have the honor to state that, in accordance with your instructions, I have made a series of experiments with the fumes of phosphoric pentoxide, in view of determining its utility and applicability for disinfection.

As a fact well known in chemistry, when phosphorus is burned in the air, phosphoric pentoxide is formed, it being a white amorphous powder, absorbing moisture with the greatest avidity, forming hydrogen phosphate, or phosphoric acid. On igniting phosphorus in a closed space or vessel, the amorphous powder falls in flakes to the bottom of the vessel, the powder never

being longer in suspension than forty minutes after combustion is completed, an excess of phosphorus being used in each instance.

For the purpose of experiment a large wooden cask, 500 litres capacity, was used for exposing microorganisms and various substances in the fumes. At first the phosphorus was placed in the bottom of the cask and ignited, but it was found that the temperature at the top, where the microorganisms were placed, was 75° C. By subsequent experiment it was found that this could be overcome by suspending the vessel containing the phosphorus nearer the top of the cask, and covering all the contiguous surfaces of wood with asbestos board. By this arrangement the temperature of the air at the bottom never reached over 32° C.

Its effect on litmus.—1st series: Test tubes, 1 by 5 inches, having within considerable quantities of alkaline litmus paper in a moist state, were placed in the cask; some were left open, mouths upward; some were placed horizontally, and others suspended mouths downward.

2d series (four in number) contained moistened litmus paper, covered with 1, 2, 3, and 4 layers of filter paper respectively.

3d series (four in number) covered with 1, 2, 3, and 4 layers of flannel.

4th series, covered with 1, 2, 3, and 4 layers of muslin.

5th series, covered with 1, 2, 3, and 4 layers of thin film absorbent cotton. The materials used for covering these various test-tubes were thoroughly dried in an oven before using, and immediately after covering the tubes they were placed in the cask, thus overcoming, as far as possible, the amount of moisture that is constantly present in fabrics, and preventing absorption of the phosphorus pentoxide by the coverings.

Thirty-five grams of phosphorus was ignited and the cask hermetically sealed for 24 hours, and then opened. No change was observed in any of the tubes of litmus that were covered. In the series left open, those that were placed in a vertical position, and those lying horizontally, all the paper was acted upon by the phosphoric fumes.

In those suspended mouth downwards, very little of the paper had changed color. All the external surfaces were covered with flakes of pentoxide.

The test-tubes that were covered were then taken and tested for presence of the acid, to ascertain if any had penetrated the coverings, but in no instance was it found.

As a control-experiment the tubes were placed under a bell-jar, and a small quantity of sulphur dioxide was thrown in, and in less than thirty seconds all the paper had been acted upon by the gas.

In another series of experiments, letters and newspapers having been sealed and perforated after the manner practised at the fumigating stations in the South, each containing in the middle a piece of litmus paper, were exposed to the fumes for 24 hours.

It was found that the fumes had acted upon the litmus to a very small extent around the perforations; in newspapers, where not perforated, no effect was noticed.

MICRO-ORGANISMS.

The microorganisms exposed to the fumes were: Anthrax, cholera Asiaticæ, cholera nostras, bacterium of yellow fever (Finlay), and typhoid.

All the cultivations of the above organisms were made in small flat dishes $\frac{1}{2}$ inch in depth and 3 inches wide, containing a film of agaragar $\frac{1}{8}$ inch in thickness. These were divided into several series, like those of the test tubes—

First series, left open.

Second series, covered with filter paper.

Third series, covered with muslin.

Fourth series, covered with flannel.

Fifth series, covered with absorbent cotton.

All were exposed for 24 hours, an excess of phosphorus being used.

On taking cultivations from the casks, all external surfaces of the dishes were covered with a layer of the amorphous powder.

In the series that were covered no effect was noted upon the growth of any of the microorganisms; subsequently, these were carefully tested for the presence of phosphoric acid, but

not the slightest trace was found to have been present in the medium.

Those left open were covered with a great quantity of phosphoric acid, and all the organisms were found to have been killed.

Further experiments made in the same manner as the above were confirmatory throughout.

An attempt was made to force the fumes through cotton loosely packed in a tube 1 inch in diameter, using about 125 grammes pressure to the square inch, but no fumes could be detected. (This was readily accomplished by sulphur dioxide.)

The conclusions then are, 1st, that phosphoric pentoxide is a disinfectant to surfaces only; 2d, it has no penetrating power, and is altogether unfit for fumigation of anything where penetration of the agent is desirable.

From the foregoing, it was not deemed worth the while to pursue the subject further when it promised so little; therefore, no observation on the spores of different microorganisms was made.

I am, sir, yours very respectfully,

JOS. J. KINYOUN,
Assistant Surgeon M. H. S.

REMOVAL OF A RING FROM THE PENIS WITH QUICKSILVER.

About three o'clock on the morning of December 8th, P— T—, aged 45 years, was brought to the Medico-Chirurgical Hospital by a policeman, who had found the man running wildly about the streets and stopped him. He said that he was very sick, and wanted a doctor.

At the hospital his penis was found to be enormously swollen and greatly discolored, as a result of congestion produced by a brass finger-ring placed on the organ four hours before, and which was deeply imbedded in it at its base. He was suffering greatly with pain in the penis, and from retention of urine in the bladder.

Attempts were made to reduce the size of the organ by pressure and the Esmarch bandage, but without success.

A small catheter was coaxed into the bladder and his urine drawn off, giving him great relief.

The ring was then surrounded with metallic mercury, which formed an amalgam with it that could be broken through with forceps.

Upon its removal, the penis rapidly diminished in size and assumed a more natural color; evaporating lotions were applied, and by noon, although scarred and sore, the patient was considered fit to be discharged.

MANLEY F. GATES, M.D.
Resident Surgeon.

ABSTRACT OF ADDRESS*

BY WM. H. PANCOAST, A.M., M.D.

Delivered at the opening of the new building of the Medico-Chirurgical and Philadelphia Dental Colleges, Jan. 26, 1889.

Ladies and Gentlemen, Distinguished Guests—I have the honor to welcome you to-day, upon an auspicious occasion, of medical interest, for medical teaching of this city, and of this now great school, the Medico-Chirurgical College.

As President of the Honorable Board of Trustees of this College, I have the honor to-day to receive you, in association with our united organizations of the great Philadelphia Dental School, the Medico-Chirurgical Hospital, and also our conjoined scientific department, the Polytechnic College of Pennsylvania.

We are developing here a great university establishment, for the most perfect education in the medical art. We have the highest standard of education, a thorough and complete three years' course, with an additional fourth year, which we have instituted for advanced students and medical practitioners.

Each class is lectured to separately, and must pass a satisfactory examination on the studies of its year before the members of it can pass on to the next year, or the seniors be examined for the degree of doctor.

With our arrangement of this college building, its three lecture-rooms, and the twenty-seven private rooms, we can accommodate with these divided classes about nine hundred students, with this great advantage: as only about three hundred students will be in any one lecture-room at one time, each student

* From advanced galley-slips from the *Medical Register*.

can see and hear plainly what is taught him; a great desideratum, for a large class of six hundred or more cannot all see and hear equally well. In addition to this facility, as the genius of this Medico-Chirurgical College is not to seek for numbers of students, but to aim at perfect medical education, each professor, in his department, examines the students of his class frequently during the session, in his lecture-room, and also on special occasions, so as to see that they learn what they are taught; and at the end of the year every student is graded on his examination, and must pass the ordeal of the professor's critical examination before he is recommended to the next higher class.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 13, 1889, TO JANUARY 26, 1889.

By direction of the President, and in accordance with Section 1246, Revised Statutes, an Army Retiring Board is appointed to meet in this city, at 11 o'clock A. M., Thursday, the 17th day of January, 1889, for the examination of such officers as may be ordered before it. Detail for the Board: COLONEL JEREDIAH H. BAXTER, Chief Medical Purveyor, and MAJOR CHARLES R. GREENLEAF, Surgeon U. S. Army. Par. 2. S. O. 12. A. G. O. Washington, January 15, 1889.

LT. COL. CHARLES H. ALDEN, Surgeon, and CAPTAIN EDGAR A. MEARNS, Assistant Surgeon U. S. Army, detailed for duty on Army Retiring Board to meet at St. Paul, Minn., at the call of the President thereof. Par. 7. S. O. No. 10. A. G. O. Washington, January 13, 1889.

By the direction of the Secretary of War CAPTAIN BENJAMIN MUNDY, Assistant Surgeon, is relieved from duty at Fort Sisseton, Dakota, and will report in person to the commanding officer Fort Sully, Dakota, for duty at that post. Par. 2. S. O. No. 11. A. G. O. Washington, January 14, 1889.

LIEUTENANT HENRY S. T. HARRIS, Assistant Surgeon U. S. Army, will, upon the arrival of Acting Assistant Surgeon BOYER, proceed from Camp Pena, Colorado, to the Post of San Antonio, Texas, and report to the commanding officer for temporary duty. Par. 4. S. O. 1. Hdqrs. Dept. of Texas. San Antonio, Texas, January 2, 1889.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 6, 1889, TO JANUARY 12, 1889.

Leave of absence granted Major William E. Waters, surgeon, in S. O. No. 129, Nov. 9, 1888, Department of the Columbia, is ex-

(Continued to page xvi.)